

LED MAY 24 1943  
Registration District No. 4173

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Ava  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Hiram B. Frock

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Eliza F. Hall Frock 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 18 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 16 hr. \_\_\_\_\_ min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Granvel Rufus Frock

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Lartia Davis

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant H. P. Frock

(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 4-7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Church

18. (a) Signature of funeral director Clinkingbeard Funeral

(b) Address Ava, Missouri

19. (a) 5-1-43 (b) Shelma S. Waters  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Ava  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 27  
1943 to April 4 1943  
that I last saw him alive on April 4th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart disease Duration about 1 month

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature R. M. Morrison (M. D. or other) MD  
Address Ava Mo Date signed 4/6/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health *Super?* No. 6,

District File Number *543-560*

Date Filed *MAY 26 1943*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W.B. Lutzman*.....

Licensed Embalmer No. *3431*.....

P. O. Address *Orlando, Mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.