

28344

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

REGISTRATION DISTRICT NO. 137

PRIMARY REGISTRATION DISTRICT NO. 4213

REGISTRAR'S NO. 167

## 1. PLACE OF DEATH:

(a) County Henry  
 (b) City or town Montrose  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
no street number  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 30 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Josiah H. Frisbee3. (b) If veteran, — 3. (c) Social Security  
name war — No. —4. Sex M 5. Color or race W 6. (a) Single, widowed, married,  
divorced widowed6. (b) Name of husband or wife Law G. Frisbee 6. (c) Age of husband or wife if  
alive — years7. Birth date of deceased 12 28 1864  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
78 7 26 hr. min.9. Birthplace West Plains Mo  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Unknown13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Pondexter15. Birthplace Unknown 1  
(City, town, or county) (State or foreign country)16. (a) Informant Max Bennett Bethland(b) Address Montrose Mo17. (a) Burial (b) Date thereof 8 25 43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Madison Home Cem18. (a) Signature of funeral director Frederick Wilkinson(b) Address Clinton Mo19. (a) Aug. 25, 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
 (c) City or town Montrose 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. no street number  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24  
year 1943 hour 10 minute 00 A.M.21. I hereby certify that I attended the deceased from  
July 20 1943 to Aug 24 1943  
that I last saw him alive on Aug. 27 1943  
and that death occurred on the date and hour stated above.Immediate cause of death  
myocarditis  
chronic  
Due to arterio sclerosisDue to 9 3d  
Other conditions  
(Include pregnancy within 3 months of death)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 W. E. Baggarly (M. D. or other) MD  
Address Montrose Mo Date signed 8-25-43

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

(Licensed Embalmer's Statement on Reverse Side)

1069

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

S. No. 2  
M-5-42  
5-17-33  
SI 194042  
80

MOTHER FATHER

RECEIVED  
District Health Officer No. 7  
District File Number 8-43-888  
Date Filed 9-3-42

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.....  
Licensed Embalmer No. 7478  
P. O. Address.....

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.