

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42378

State File No. _____

FILED DEC 29 1943

Registration District No. 524/131

Primary Registration District No. 54565469

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Stuzard
(b) City or town Rural Franklin Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Stuzard 40
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Franklin Township (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Nada Maxine Frisbie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carl Frisbie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 14 1923 (Month) (Day) (Year)

8. AGE: Years 20 Months 6 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Stuzard Co MO (City, town, or county) (State or foreign country)

MOTHER FATHER

11. Industry or business _____
12. Name Lee Kincaide
13. Birthplace Stuzard Co MO (City, town, or county) (State or foreign country)
14. Maiden name Est Mantle
15. Birthplace Sullivan Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Lee Kincaide
(b) Address Spickard MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1943 (Month) (Day) (Year)
(c) Place: burial or cremation North East Cemetery

18. (a) Signature of funeral director Scholar Funeral Home
(b) Address Spickard MO

19. (a) Aug 6 (Date received local registrar) (b) John Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1943 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr 25 1943, to Aug 4 1943 that I last saw h. en alive on about July 22 1943; and that death occurred on the date and hour stated above.

Immediate cause of death, Suicide -
Swart eye April 3-1943. at East
moline Ill.

Due to Chemical (Eye) burn of
Oesophagus and Stomach

Due to _____

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) suicide
(b) Date of occurrence April 3-1943
(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? At home East moline Ill.
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. A. Ruffly (M. D. or other) _____
Address Trouton MO Date signed Aug 4 43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1638

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

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.....

Ross Wise

Licensed Embalmer No. *3771*

P. O. Address *Richard Mc*

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.