

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Brunswick  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Brunswick 21  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sidella Fristo

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Fristo 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 31 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1944 hour 7 minute 7 P. M.

21. I hereby certify that I attended the deceased from April 8 1944 to July 18 1944 that I last saw h. ex alive on July 20 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 5 18 hr. min.

Immediate cause of death chronic myocarditis Duration 7

Due to retrospective 7

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

Other conditions chronic cholelithiasis 7  
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

12. Name Sid Allen

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

14. Maiden name Jane (unknown)

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

16. (a) Informant Baldie Davis  
(b) Address Brunswick Mo

17. (a) Burial (b) Date thereof 7/22/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dalton Mo

18. (a) Signature of funeral director J. H. Meyer  
(b) Address Brunswick Mo

19. (a) July 22, 1944 (b) A. L. Haies  
(Date received local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 93d

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 0

23. Signature J. L. Haies (M. D. or other MD)  
Address Salisbury Mo Date signed 7-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2/0

RECEIVED  
District Health Officer No. 8,  
District File Number

Date Filed 8-11-44

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 K. P. M. Lary

Licensed Embalmer No. 3153

P. O. Address Glasgow 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.