

FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 294

Primary Registration District No. 3052

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Randolph  
 (b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 117 Freeman!  
(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 Charles Frevert

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

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

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

7. Birth date of deceased Aug 17 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Retired

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

12. Name Conrad Frevert

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

14. Maiden name Winkler

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

16. (a) Informant Mrs Louise Frevert  
 (b) Address Moberly Mo

17. (a) Burial (b) Date thereof July 6 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malcolm Sanderson  
 (b) Address Moberly Mo

19. (a) Mar 4-46 (b) Local Registrar  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
 (c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 117 Freeman  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
 year 1946 hour 9 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 17 42  
 \_\_\_\_\_, 19\_\_\_\_, to March 4, 1946  
 that I last saw him alive on May 16, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis stroke  
 Due to arterio sclerosis

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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) (M. D. or other)  
 (e) Means of injury \_\_\_\_\_

23. Signature Dr. H. H. ... (M. D. or other) \_\_\_\_\_  
 Address Moberly Mo Date signed 5-6-46

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

88  
6  
3

9263

17-39  
X35897

MAY 9 1946

APR 9 1946

RECEIVED  
District: Middlesex MA 19  
District File No. 4-46-621  
Date Filed APR 3 1946

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 Frank J. Witt

Licensed Embalmer No. 3821

P. O. Address Moberly, 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.