

FILED MAY 22

81946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 391

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2921 Monterey /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 2921 Monterey /
(If rural, give location) 7
0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jennie Courtney Fricke

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

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

6. (b) Name of husband or wife Paul A. Fricke 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 7 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 25 hr. _____ min.

9. Birthplace Springfield Ohio /
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Oliver D. Collier
13. Birthplace unknown Penn. /
(City, town, or county) (State or foreign country)
14. Maiden name Annie J. Carr
15. Birthplace unknown Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. P. A. Fricke
(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 4/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ut. Auburn Cem.

18. (a) Signature of funeral director Arthur A. Bowman
(b) Address St. Joseph, Mo.

19. (a) April 5-1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 10th
1946 to April 2nd 1946
that I last saw her alive on April 2nd 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of

Lungs

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
none
Of autopsy _____

Duration

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)
(e) Means of injury _____

23. Signature B. W. Tadlock (M. D. or other) _____
Address King Hill Bldg Date signed 4/3/46

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

11131

FEB 12 1952

Very Rev. Mr. ...

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 2 Apr 40

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St Joseph, 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.