

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13993**

FILED MAY 9 1946

Registration District No. **250**

Primary Registration District No. **5871**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton Goebel Twp.
(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)

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

In this community 38 years
years, months or days

3. (a) PRINT FULL NAME Elishia Frost

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 Nova Bell Strain

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased March 24 1980
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Boonsville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James A. Frost

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

14. Maiden name Lucinda Miller

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

16. (a) Informant Mrs. Nova Frost

(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/46
(Month) (Day) (Year)

(c) Place: burial or cremation Bailey Cem.

18. (a) Signature of funeral director Leo Parr

(b) Address Thayer, Mo.

19. (a) 4/24/46 (Date received local registrar) (b) Mrs W Johnson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Alton (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (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 31
year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 27 1946, to March 31 1946,
that I last saw him alive on March 30 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Pleural Effusion

Duration 3 days

Due to _____

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) (e) Means of injury: _____

23. Signature Stiller (M. D. or other)

Address Alton Mo Date signed _____

233 (Licensed Embalmer's Statement on Reverse Side)

Alton

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

RECEIVED

District Health Officer No. 5
District File Number 546326
Date Filed 5-6-46

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.....

..... 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.