

FILED AUG 21 1946

Registration District No. 181

Primary Registration District No. 6765

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Burrhead Rural
(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
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town 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

3. (a) PRINT FULL NAME FREDRICK EFREM PAGE

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 Cora Page 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 11-13-1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name Fred W. Page

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

14. Maiden name SUSAN COFFMAN

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

16. (a) Informant Mrs Cora Page

(b) Address Elberny, Missouri

17. (a) Burial (b) Date thereof 7-31-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge, Conn., Clifton Mills

18. (a) Signature of funeral director Clifton Mills

(b) Address Elberny, Mo

19. (a) 8/3/46 (b) Mrs. J. H. Murphy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 2 minute 10 PM

21. I hereby certify that I attended the deceased from July 27
1946 19. to July 29 1946
that I last saw h. / m. alive on July 29 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g2d

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:

(c) 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 J. H. Murphy (M. D. or other)

Address Elberny Mo Date signed 7-27-46

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

26498

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, *July 29-19*

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

Signed..... *Clifton Miller*

..... Licensed Embalmer No. *3364*

..... P. O. Address *Elkton, Md*

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.