V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 522

Registration District No. FILED JAN 20 1947

Primary Registration District No. 5218

Registrar's No. 10

19
3

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Big Creek (Twp.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles South West Of Pleasant Hill, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Rural 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3 milesx South West Pleasant Hill, Mo
(If rural, give location)

(e) Citizen of foreign country? no. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Christine Fredrickson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John Andrew Fredrickson

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

7. Birth date of deceased March (Month) 4 (Day) 1875 (Year)

8. AGE: Years 71 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Wurttenburg (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name George Eckinger 4
13. Birthplace Wurttenburgm (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Hohenstien 4
15. Birthplace Wurttenburg, (City, town, or county) Germany (State or foreign country)

16. (a) Informant Thedore Fredrickson 1

(b) Address Pleasant Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-47 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) Jan. 15-1947 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1947 hour 9 minute 008 M.

21. I hereby certify that I attended the deceased from June 1946, 19 to Jan 8, 1947
that I last saw him alive on Jan 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Chronic Myocarditis
Myocardial failure

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 P

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature J. L. Hearock (M.D. or other) DO

Address Pleasant Hill Mo Date signed 1-11-47

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(Licensed Embalmer's Statement on Reverse Side)

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 By me 1-4-47, Registered Apprentice No. ....., working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill M

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.