

FILED APR 30 1947

State File No. _____

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(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 40 years
years, months or days)

3. (a) PRINT FULL NAME Edward Jacob Friess

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 Mary Sagger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 26th, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Phillip Friess

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

14. Maiden name Lena Kessler

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

16. (a) Informant Mrs. Mary Friess

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof April 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wishon Cem. Phelps Co. Mo

18. (a) Signature of funeral director Smith-Holloway

(b) Address Rolla, Missouri

19. (a) 4-22-47 (b) Madame S. Stalk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81
(c) City or town Rolla 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him dead April 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Duration _____

Due to Guns shot wound in a through
roof of mouth. 22 Cal. Rifle
Due to Suicide

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) Suicide

(b) Date of occurrence April 16 1947

(c) Where did injury occur? Rolla Phelps Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? No (Specify type of place)
(e) Means of injury Self inflicted

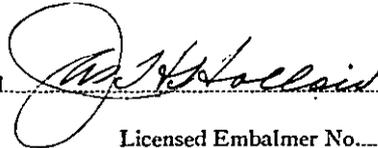
23. Signature S. J. M. [unclear] (or other _____)

Address Rolla Mo Date signed 4-17-47

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..... 3643

P. O. Address..... Rolla, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

May

Registration District No.

275

Primary Registration District No.

3053

Registrar's No.

261

1. PLACE OF DEATH:

- (a) County Phelps
 (b) City or town Rolla
 (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
 years, months or days)

3. (a) PRINT
FULL NAMEEdward J. Freser3. (b) If veteran,
name war.....5. (c) Social Security
No.....4. Sex m 5. Color or
race w 6. (a) Single, widowed, married,
divorced m6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years7. Birth date of deceased aug 26
(Month) (Day) (Year)8. AGE: Years 80 Months 7 Days 2 If less than one day
hr. min.9. Birthplace..... (State or foreign country) mo

10. Usual occupation.....

11. Industry or business.....

12. Name.....
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
 (b) Address.....
 17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
 (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
 (b) Address.....
 19. (a) 4-22-47 (b) Madeline L. Street
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
 (c) City or town..... (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.....
year 1947 hour..... minute..... M.21. I hereby certify that I attended the deceased from..... 19.....
to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Duration

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 sta-
tistically.

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

14518