

S. No. 2
M-8-43
5-17-39
I X37823

State File No. _____

FILED MAY 28 1947

Registrar's No. 14

Registration District No. 62

Primary Registration District No. 5239

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural--Linn Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
XXXXXX
(If not in hospital or institution, write street number or location)

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

In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

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

(d) Street No. Linn Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XXXXXX

3. (a) PRINT FULL NAME CHARLES ELBERT FRIEZE

3. (b) If veteran, name war XXXX

3. (c) Social Security No. XXXX

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Iva H. Frieze

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 5, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 4 10 X hr. X min.

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

10. Usual occupation Farming

11. Industry or business XXXXXXXX

MOTHER FATHER { 12. Name George W. Frieze

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

14. Maiden name Amahda Lee Ingram

15. Birthplace Jerico Springs, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. E. Frieze

(b) Address Jerico Springs, Mo

17. (a) Burial (b) Date thereof 5-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Bluff Cemetery

18. (a) Signature of funeral director CHURCH AND NEALE

(b) Address Stockton, Missouri

19. (a) 5-24-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1947 hour 1 minute 20A.M.

21. I hereby certify that I attended the deceased from 5-12-1947 to 5-15-1947
that I last saw him alive on 5-15-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Wm. H. Richter (M. D. or other)

Address Stockton, Mo. Date signed 5-15-47

Duration

12 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7,
District File Number 4-47-632
Date Filed 5-27-47

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 Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton 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.