

S. No. 2
4-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27057
Registrar's No. 21

Registration District No. 62 Primary Registration District No. 4108

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural Stockton
(c) Name of hospital or institution: XXXX
(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 Cedar
(c) City or town Rural
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME James Thomas Frieze
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M Color or race W
6. (b) Name of husband or wife Iva Frieze
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased November 4, 1879

8. AGE: Years 67 Months 8 Days 13
If less than one day hr. min.

9. Birthplace Fair Play Missouri

10. Usual occupation Farming

11. Industry or business

12. Name Alfred Frieze
13. Birthplace Stockton, Missouri
14. Maiden name Eliza Warthan
15. Birthplace Fair Play, Missouri

16. (a) Informant Elton L Brown
(b) Address

17. (a) Burial (b) Date thereof 7-19-47
(c) Place: burial or cremation Lindley Prairie Cem.

18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri

19. (a) 8-9-47 (b) Geneva Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 17 year 1947 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from 7-9-47 to 7-17-47
that I last saw him alive on 7-17-47 and that death occurred on the date and hour stated above.

Immediate cause of death Pulverania
Duration days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

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

While at work? (Specify type of place)
(a) Means of injury
23. Signature Wm B Kiehl (M. D. or other)
Address Stockton, Mo Date signed 7/22/47

RECEIVED
District Health Officer No. 7,
District No. Number 7-47-282
District No. Number 8-18-47
Date Filed



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.