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M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27170

FILED SEP 12 1947

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bronville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Alex Van Ravensway Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

In this community 5 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Bronville Pilot Grove Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CARL JOHN FRIESS JR.

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1947 hour 10:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 14 1947 to Aug 21 1947

that I last saw him alive on Aug 21 1947 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 13, 1947  
(Month) (Day) (Year)

Immediate cause of death Pneumonia of both lungs 5 weeks

Due to Cause unknown

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 1 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

Major findings: None

Of operations None

Of autopsy as above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Carl Friess

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

14. Maiden name Anna Davis

15. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl John Friess

(b) Address Pilot Grove, Mo

17. (a) Burial (b) Date thereof Aug 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clerk Creek, Mo

18. (a) Signature of funeral director Harry Painter

(b) Address Pilot Grove, Mo

19. (a) 8-23-47 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

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 Alex Ravensway (M. D. or other) \_\_\_\_\_

Address Bronville Mo Date signed 8-26-47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-11-47

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 \_\_\_\_\_

*myself*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*R. L. Painter*

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.**