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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18678

Registration District No. 38 | Primary Registration District No. 3006 | Registrar's No. 183

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Vernon

(c) City or town: ~~Columbia~~ Nevada Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 10
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Fredricks, William A.

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: Hattie Fredricks

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

7. Birth date of deceased: Dec. (Month) 7 (Day), 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	29	hr. min.

9. Birthplace: Germany (City, town, or county) U (State or foreign country)

10. Usual occupation: Stationary Engineer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Germany (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) U (State or foreign country)

16. (a) Informant: Hosp. Records
(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 6 '48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Nevada, Mo

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia Mo

19. (a) 7-6-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 8 minute 5 P.M.

21. I hereby certify that I attended the deceased from July 2, 1948, to July 5, 1948; that I last saw him alive on July 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Inanition	
Due to: Carcinoma of esophagus, lower 1/3 with liver and mediastinal & abdominal lymph node metastasis	
~~Due to~~:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: HC
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):
(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:

23. Signature: Chas C. Lockhart M.D. (M. D. or other)
Address: Cancer Hosp. Columbia Mo. Date signed 7-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number JUL 14 1948
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 Thos L Darling

Licensed Embalmer No. 4132

P. O. Address Columbia Me

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.