FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22073

Registration District No. 7 Primary Registration District No. 4020 Registrar's No.

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Martinsburg, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Martinsburg Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Henry Frieling
3. (b) If veteran, name war — 3. (c) Social Security No. —
4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. 26. 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 4 Days 23 If less than one day hr. min.
9. Birthplace Quincy Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Merchandising
FATHER
12. Name Henry Frieling 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Terhechte 4
15. Birthplace Island Germany (City, town, or county) (State or foreign country)
16. (a) Informant Louisa Jacobi
(b) Address Martinsburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Quincy Ill.
18. (a) Signature of funeral director B. Wells
(b) Address Wellsville Mo.
19. (a) July 24-48 (Date received local registrar) (b) Mrs. Joe Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1848 hour 6 minute 10 P. M.
21. I hereby certify that I attended the deceased from 7/16/48, 19 to 7/19/48, 19 that I last saw him alive on 7/19, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis and Myocardial degeneration	?
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address Wellsville Mo Date signed 7/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 7-48-1
Date Filed JUL 28 1948

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~~ Self ..... Registered Apprentice No. ..... working under my personal supervision.

Signed K. B. Wells

Licensed Embalmer No. 1588

P. O. Address Kellaville Ms

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

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