

Registration District No. 267Primary Registration District No. 4396Registrar's No. 56

1. PLACE OF DEATH:

(a) County Remus
 (b) City or town Wardell
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 15 years

(Specify whether

3. (a) PRINT FULL NAME Isaac Fredrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Flora Fredrick 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name unknown
 15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Francis Jones(b) Address Wardell Mo17. (a) Burial (b) Date thereof 6-2-48 (Month) (Day) (Year)(c) Place: burial or cremation Wardell Mo18. (a) Signature of funeral director Wardell Mo(b) Address Wardell Mo19. (a) 7-9-48 (b) John Derman (Registrar's signature) II D

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remus
 (c) City or town Wardell
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1948 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-1-48 to 5-29-48
 that I last saw him alive on 5-25-48
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

apoplexyDue to Hypertension + Arteriosclerosis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place) (e) Means of injury 223. Signature J. L. Masters (M.D. or other) _____
Address Wardell Date signed 6-2-48

7-48-202

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....
Signed..... *John H. German*

Licensed Embalmer No. *4355*

P. O. Address..... *Hayti, Va*

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

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