

No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 11 1948

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

29314

State File No. _____

Registration District No. 18

Primary Registration District No. 5366

Registrar's No. 85

1. PLACE OF DEATH: Daviess

(a) County Rural Marion Twp

(b) City or town Rural Marion Twp
(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 Entire Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess

(c) City or town Rural Marion Twp
(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 Walter F. Frost

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Goldie Frost

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Dec 18 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 10
If less than one day hr. _____ min. _____

9. Birthplace Marion Twp Daviess Co, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John N. Frost

13. Birthplace Wis
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Long

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Goldie Frost

(b) Address Pattonsburg Mo

17. (a) Burial (b) Date thereof Oct 1 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Civil Bend Cemetery

18. (a) Signature of funeral director S. S. Brown

(b) Address Pattonsburg, Mo

19. (a) 4th Oct 1948 (b) W. J. Englehart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 28
year 1948 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from one
week - 9/29 1948 to _____ 1948
that I last saw h. alive on Sept. 28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

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? _____
(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 John F. Starnes (M. D. or other) _____

Address Pattonsburg Date signed 9/30/48

Duration _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

SEP 17 1953

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 *E. S. Brown*

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.