S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32414

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 142

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Boonville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks 2 days (Specify whether
In this community years, months or days) Hospital

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Chariton 21
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Bowling Green Twp. 3 M. W of Keytesville (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CAROLINE FRIESZ
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Alfred Friesz
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov (Month) 15 (Day) 1859 (Year)

8. AGE: Years 88 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Dalton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business Housewife
FATHER
12. Name Lewis Grotjan
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Marie Hackman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Miss Irene Friesz
(b) Address Keytesville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 10 (Day) 1948 (Year)
(c) Place: burial or cremation Dalton Mo.
18. (a) Signature of funeral director Lydy & Garrett
(b) Address Keytesville Mo.
19. (a) 10-16-48 (Date received local registrar) (b) D E Hooper (Registrar's signature) 3X

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 7 year 1948 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 31, 1948, to Oct 7, 1948, that I last saw her alive on Aug 3, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, hypostatic 10 days
Due to Intertrochanteric fracture of left femur
Due to
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)
Major findings:
Of operations None
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) Accident
(b) Date of occurrence Aug 31, 1948
(c) Where did injury occur? Keytesville (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature G. W. Winn (M. D. or other) MD
Address Boonville Mo Date signed Oct 7 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 1-5-48.....

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 N. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville Mo.

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

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