

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3051
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3020 Registered No. _____
 (c) City Carthage (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ralph Eugene Freize 620

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Salisbury, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Herman C. Freize
 14. BIRTHPLACE (CITY OR TOWN) Forest Glen, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Laura Bergeld
 16. BIRTHPLACE (CITY OR TOWN) Salisbury, Mo. (STATE OR COUNTRY)

17. INFORMANT Edger Freize (ADDRESS) Salisbury, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury, Mo. DATE 1/4 1938

19. FUNERAL DIRECTOR Govt. Winkelmeyer (ADDRESS) Salisbury, Missouri

20. FILED 1-5 1938 W.M. Howard Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to Jan 2 1938
 last saw him alive on Jan 1 1938 Death is said to have occurred on the date stated above, at 6:15 P.

The principal cause of death and related causes of importance were as follows:
Died from shock resulting from concussion of brain severe skull fracture of left forearm multiple lacerations & abrasions
 Date of onset Jan 1, 1938

Other contributory causes of importance:

Name of operation Passenger in car Date of 1/1/38
 What test confirmed diagnosis? _____ Was there an autopsy? N

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 1/1/38
 Where did injury occur? Highway 66 - Lawrence County (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify None (Signed) Homer E. Byrd M. D.
Carthage, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)