

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

43735
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Marion Primary Registration District No. 5562 Registered No. 242
 (c) City _____ (d) Street No. Rural Route 4, Carthage _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frederick Mocarse
 (a) Residence, No. Rural Route 4, Carthage St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) (STATE OR COUNTRY) Germany

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ::

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ::

17. INFORMANT Mrs Chas. Bull
 (ADDRESS) R. R. 4, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Jan 1, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home
Carthage, Mo.

20. FILED Dec. 30, 1939 E. J. McIntire, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12/28, 1939, to 12/28, 1939
 I last saw him alive on 12/28, 1939 Death is said to have occurred on the date stated above, at 11:00 P. M.
 The principal cause of death and related causes of importance were as follows:

12/15/39
Arteriosclerotic Heart Disease
 Other contributory causes of importance: as above

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical Exam _____ Autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (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? no
 If so, specify _____
 (Signed) W. S. Macneil, M. D.
 (Address) 304 Broad Carthage, Mo.

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.

