No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21053

State File No. 7

Registration District No. 13 Primary Registration District No. 5017 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Jefferson Township
(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
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Jefferson township,
(If outside city or town limits write "RURAL")

(d) Street No. R. F. D. # 3, St. Joseph, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 61 years years.

3. (a) PRINT FULL NAME Henry Abdom Fredrickson 1,36

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Fredrickson

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

7. Birth date of deceased July (Month) 30 (Day) 1862 (Year)

8. AGE: Years 77 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Sweeden (State or foreign country) 7

10. Usual occupation Stationary Engineer, Retired

11. Industry or business Artesian Ice Co. 9

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant W. H. Hitch
(b) Address Route 3, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) June 10-1940 (Date received local registrar) (b) Mrs. Jennie Rash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1940 hour 3 minute 15 a M.

21. I hereby certify that I attended the deceased from Jan 7 1933 to June 10 1940; that I last saw him alive on June 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Coronary occlusion — Duration 2 wks

Due to

Due to 93C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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? 934 (Specify type of place)
While at work? (e) Means of injury

23. Signature John [illegible] (M. D. or other)
Address St. Joseph Mo Date signed 6/12/40

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1962

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~~ June 10, 19

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Rank

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

If this body is not embalmed, above space should be left blank.