FILED AUG 25 1940

Rodeman

S. No. 2
—11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25974

Registration District No. 668 Primary Registration District No. 3532 Registrar's No. 258

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 907 West 7th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Pettis

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

(d) Street No. 907 West 7th.
(If rural, give location)

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

3. (a) PRINT FULL NAME Caroline L. Fricke 620

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 Married

6. (b) Name of husband or wife Geo. H. Fricke 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. (Month) 19 (Day) 1886 (Year)

8. AGE: Years 53 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Boonville (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business 6

PATHER
12. Name Albert Muntzel 6
13. Birthplace _____ (City, town, or county) Germany (State or foreign country) 6

MOTHER
14. Maiden name Margaret Schmidt
15. Birthplace _____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Geo. H. Fricke
(b) Address Sedalia, Mo. 907 West 7th.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 8-8-40 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1940 hour 6 minute 40 P M.

21. I hereby certify that I attended the deceased from 6-25, 1940, to 8-6, 1940; that I last saw her alive on 8-6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolism	12 hrs
Due to Mitral stenosis	? yrs
Due to Subacute bacterial endocarditis	8 mon
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92.0
Of autopsy

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

23. Signature J. M. Rodeman MD (M. D. or other) 1
Address Ilgenfritz Bldg Date signed 8-8-40

(Licensed Embalmer's Statement on Reverse Side)

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 Geo Dickard

Licensed Embalmer No. 3868

P. O. Address Sidalia 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, above space should be left blank.