

Registration District No. 46

Primary Registration District No. 5069

Registrar's No.

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town (Rural)
 (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 38 yrs
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Rural Rt. #1 Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. Lamar Rt. #1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Mimmie Frieden

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Frieden 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased April 5 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 7 12 hr. _____ min.

9. Birthplace Clayton County, Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
 { 12. Name Nicklaus Marti
 { 13. Birthplace Switzerland
 { 14. Maiden name Lydia Ueber
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo Frieden
 (b) Address Lamar, Mo. Rt 20

17. (a) Burial (b) Date thereof 11-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Apostolic Christian Cemetery

18. (a) Signature of funeral director Konantz Funeral Home
 (b) Address Lamar, Missouri

19. (a) 11/20/40 (b) Gladys Overman Smith
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
 year 1940 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from 8/7/40
 _____, 19____, to 10/17/40, 19____;
 that I last saw her alive on 10/17/40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to _____

Due to _____

Other conditions carcinoma colon
 (Include pregnancy within 3 months of death)

Major findings: Of operations carcinoma sigmoid

Of autopsy _____

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? _____

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

Signature Thos. F. Meller M. D.
 Address Lamar, Mo. Date signed 11/20/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

RECEIVED

District Health Officer No. 8

District File Number 141-102

Date Filed JAN 13 1947

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 Carl F. Kowantz

Licensed Embalmer No. 2247

P. O. Address Lamar, 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.