

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43006

Registration District No. 457

Primary Registration District No. 4971

Registrar's No. 1819

54
2
0

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Concordia
(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 Life time (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME ANNA H. FRERKING

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Jan - 23 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Concordia Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Henry Frerking

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Annita Blanting

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry H. Frerking

(b) Address Quinn, Mo.

17. (a) Not Burial (b) Date thereof Dec - 16 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Lutheran Church

18. (a) Signature of funeral director H. F. Dressing

(b) Address Concordia Mo.

19. (a) Dec 16 - 40 (b) Bertram Shryman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

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

(d) Street No. 502 Gordon St.
0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec day 14 year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3/26/26 1926 to 12/14/40 1940; that I last saw her alive on 12/14/40 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to Chronic nephritis

Due to with edema

Other conditions (Include pregnancy within 3 months of death) None

Major findings: None 131

Of operations: _____

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

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

23. Signature Edmund Brackman (M. D. or other) _____
Address Concordia, Mo. Date signed 12/16/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
1-3-41
Date Filed

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..... *W. Roy Ewen*.....
Licensed Embalmer No. 3070
P. O. Address Wellington, Missouri

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.