

No. 2  
4-12-40  
1-17-39  
I X 2581

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43031  
State File No. \_\_\_\_\_  
Registrar's No. 76

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Aurora Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 7 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7 West Church St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Walter A Frizzell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Oma Frizzell 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Mar. 4 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 9 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Amasa Frizzell

13. Birthplace ? Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Tennis

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

16. (a) Informant Mrs W. A. Frizzell  
(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 12/30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director R. King  
(b) Address Aurora Mo.

19. (a) 1-1-41 (b) R. D. Cowan M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1940 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 22, 1940, to Dec 28, 1940  
that I last saw him alive on Dec 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Volubing of lower ileum

Due to Ch. Myocarditis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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 \_\_\_\_\_

23. Signature R. D. Cowan (M. D. or other) !  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration 8 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

122/10

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

RECEIVED

District Health Officer No. 6

District File Number 141-3063

Date Filed JAN 2 1941

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

*Herma J. Surridge*

Licensed Embalmer No. 3072

P. O. Address

Aurora 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, fact should be so stated above.