No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
RECEIVED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25461

Reg. District No. 1050 Primary Registration District No. 5635 Registrar's No. four

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Pierce City—R.R.#-1— (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. Pleasant Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether years, months or days)
In this community: 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Lawrence
(c) City or town: Stella City (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: D

3. (a) PRINT FULL NAME: Minnie Frederking
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: Henry
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 3 (Day) 1872 (Year)

8. AGE: Years 68 Months 7 Days 13 If less than one day: h. min.

9. Birthplace: Nashville (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Herman Schnacke
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Marie Rehmoeller
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Arthur Schoen
(b) Address: Pierce City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Union Cemetery
18. (a) Signature of funeral director: H. D. Fassett
(b) Address: Mt. Vernon, Mo
19. (a) 7-20-41 (Date received local registrar) (b) Rice Woods (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from January 1939 to July 16 1941; that I last saw her alive on July 16 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Arteriosclerosis	8 yrs
Due to: 83A1	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Howard Bohleber (M. D. or other) DO
Address: Freistatt, Mo Date signed: July 16 1941

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 841-1391
Date Filed AUG 14 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 Max H. D. Fossett, Registered Apprentice No. 268 working under my personal supervision.

Signed H. D. Fossett.

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon.

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25461

Registration District No. 1050 Primary Registration District No. 5635 Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Pierce City RR #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Mt. Pleasant in daughters home 18 months 720 days
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ~~[illegible]~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

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

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Minnie Frederksing

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

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

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

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

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) 9-26-41 (Date received local registrar) (b) Rick Woods (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

S-25461