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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29125

FILED SEP 11 1941

Registration District No. 702

Primary Registration District No. 442-593

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Rural, N. Missouri
(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 _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Alfred G. Frieze

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 Widowed

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

7. Birth date of deceased Nov. 7 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Frieze

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Felicia Jarnigan

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

16. (a) Informant O. P. Frieze

(b) Address Fair play

17. (a) Hopkins (b) Date thereof Aug 6 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins, burial

18. (a) Signature of funeral director Stitcher & Co.

(b) Address B. Oliver Mo.

19. (a) 8-9-41 (b) R. L. Brint
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Polk
(c) City or town Fair Play Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) No 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1941 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from July 26 to Aug 5
1941 that I last saw him alive on Aug 2 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, prostate

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations #

Of autopsy None

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) (Means of injury)

23. Signature Chas H Brown (M. D. or other)

Address Fair Play Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1610

Date Filed 9-8-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.