

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31964

State File No. _____

Registration District No. 533

Primary Registration District No. 5714

Registrar's No. 70

1. PLACE OF DEATH

(a) County Macon
(b) City or town Rural Eagle TP
(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

ROSS W. Frisman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race w

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

(b) Name of husband or wife Collie Rosman

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

7. Birth date of deceased Nov (Month)

11 (Day) 1892 (Year)

8. AGE:

Years 68 Months 10 Days 6

If less than one day _____ hr. _____ min.

9. Birthplace

Macon Co Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

Insurance agent

12. Name

Stephen Frisman

13. Birthplace

Ohio

(City, town, or county)

(State or foreign country)

14. Maiden name

Martha Frisman

15. Birthplace

Ohio

(City, town, or county)

(State or foreign country)

16. (a) Informant

Frank R. Winter

(b) Address

Macon Mo. R3

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 9-17-41

(Month) (Day) (Year)

(c) Place: burial or cremation

Oakwood Cemetery

18. (a) Signature of funeral director

Stephen Frisman

(b) Address

Macon Mo

19. (a) 10/4/41

(Date received local registrar)

(b) Seeto Newton

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon
(c) City or town Rural Eagle TP
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day Sept
year 41 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 11 1941 to Sept 13 1941; that I last saw him alive on Aug 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Bilateral Duration 3 days

Due to Hemorrhage from peptic ulcer 1 mo

Due to _____

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

Major findings: Of operations 107

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 E. H. Hirsinger (M. D. or other) MD
Address Macon Mo Date signed Sept 2, 1941

476 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-44-1808

Date Filed OCT 8 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

C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.