

FILLED NOV 7 1941

Registration District No. 298Primary Registration District No. 3019Registrar's No. 281

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
1005 South Cottage
 (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 1

3. (a) PRINT FULL NAME CARRY C. FRISBEY3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lurena Frisbey 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased May 5 - 1857
 (Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Cassell Co. Ill. (City, town, or county) (State or foreign country)10. Usual occupation Retired Quarryman

11. Industry or business.

12. Name George P. Frisbey13. Birthplace Memphis, Ohio (City, town, or county) (State or foreign country)14. Maiden name Luanda (City, town, or county) (State or foreign country)15. Birthplace Ill. (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lurena Frisbey(b) Address 1005 South Cottage17. (a) Burial (b) Date thereof 10/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Grave18. (a) Signature of funeral director George C. Carson(b) Address Independence, Mo.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1005 South Cottage
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Oct.
year 1941 hour 7 minute 50 a. M.21. I hereby certify that I attended the deceased from Sept., 1928, to Oct 26, 1941
that I last saw him alive on Oct 25, 1941
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Duration 6 hrsDue to Arteriosclerosis 5 yrs

Due to _____

Other conditions Face tumor 4 yrs
(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 J. H. Nefferson (M. D. or other) 0
Address Independence, Mo. Date signed Oct 27

(Licensed Embalmer's Statement on Reverse Side)

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

448
4
4

RECEIVED

AV. C DIV.

U. S. DEPT. OF HEALTH

PHILADELPHIA

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

Dean Owens

Registered Apprentice No. *283*

working under my personal supervision.

Signed

L. M. Stein

Licensed Embalmer No. *3156*

P. O. Address *Independ, Mo*

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35164

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(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 _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Carry C. Frisbey

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

4. Sex m 5. Color of 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 may 5 1885
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 24 (If less than one day, in _____ min.)

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

10. Usual occupation _____

11. Industry of 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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____
19. (a) Oct 28/1941 (b) _____ (c) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Oct Day 26 Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
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 _____ (M. D. or other) _____
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

