

FILED JAN 20 1947
7/01

Registration District No. _____

Primary Registration District No. 2935

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Dunnegan, Mo.
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days

3. (a) PRINT FULL NAME E.S. Frieze

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

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

6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 7 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Alfred Frieze
18. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Mary L. Wortham
15. Birthplace Polk County
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Frieze
(b) Address Dunnegan, Mo.

17. (a) Burial (b) Date thereof II-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dunnegan, Mo.

18. (a) Signature of funeral director Erwin T. Barker
(b) Address Fair Play, Mo.

19. (a) 11/17/41 (b) J. P. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk
(c) City or town Dunnegan
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July
14 to Nov 14, 1941
that I last saw him alive on Nov 14, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal syndrome
Duration 2yo

Due to _____
Due to _____

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

Major findings: 13/a
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 Boyle (M. D. of State)
Address Boyle Date signed 7/16/41

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

848

630

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2169

Date Filed 1-13-42

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, above space should be left blank.