S. No. 2
—4-13-40
. 5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1659

Primary Registration District No. 201

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Lincoln Rural Cole Twp (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 None (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton

(c) City or town Lincoln, Rural, Cole Twp. (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.? years.

3. (a) PRINT FULL NAME Fred Frisch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased Jan. (Month) 8 (Day) 1863 (Year)

8. AGE: Years 79 | Months | Days 14 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business None

FATHER
12. Name Benjman Frisch
13. Birthplace Jefferson City (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Margarette Giessling
15. Birthplace Kingdom Of Bauaria (City, town, or county) (State or foreign country)

16. (a) Informant Olivar, Frisch

(b) Address Lincoln Mo,

17. (a) Mt, Hulda (Burial, cremation, or removal) (b) Date thereof Jan, 22 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hulda Cemetery

18. (a) Signature of funeral director J. B. Calvert

(b) Address Lincoln Mo

19. (a) 1-21-1942 (Date received local registrar) (b) Sue Selover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21st year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from JAN. 6th, 1942 to JAN. 21, 1942 that I last saw him alive on JAN. 13, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46

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 J. D. Bennett (M. D. or other) MD.

Address Cole Camp Mo Date signed 1-21-42

63

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-13
Date Filed 2-5-42

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 J. B. Calvert

Licensed Embalmer No. 2500

P. O. Address Lincoln Ill.

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.