

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 19 1942

Primary Registration District No. 5406

Registrar's No. 68

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

1. PLACE OF DEATH:  
 (a) County Dunklin  
 (b) City or town Gobler *Small Rural*  
(If outside city or town limits, write "RURAL" and name of township)  
 (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 years, months or days)  
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Dunklin  
 (c) City or town Gobler Rural  
(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 Beula Fredrick

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 1892 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years <u>50</u>	Months _____	Days _____	If less than one day hr. _____ / min. _____
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9. Birthplace Miss (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Andrew Spears

13. Birthplace Miss (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

14. Maiden name \_\_\_\_\_ 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_

16. (a) Informant Scottie Spears

(b) Address Gobler, Mo

17. (a) Burial (b) Date thereof 1-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gobler, Mo

18. (a) Signature of funeral director Lentz Undertaking Co  
 (b) Address Kennett, Mo

19. (a) Jan 21/42 (b) \_\_\_\_\_  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day Jan  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12-14 1941 to 1-6 1942  
 that I last saw her alive on December 19, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cerebral hemorrhage

hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 83a

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.R. Presnell (M. D. or other) M.D.  
 Address Kennett, Mo Date signed 1-10-42

Duration \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 242-260

Date Filed 2-13-42

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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.**