

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12169

State File No. ....

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall P. City  
(c) Name of hospital or institution: Home  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: 8 da (Specify whether in hospital or institution)  
In this community Life years, months or days

3. (a) PRINT FULL NAME LEOLA FRIEDLY

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

4. Sex FEMALE 5. Color or race White  
6. (b) Name of husband or wife HARRY FRIEDLY  
7. Birth date of deceased MAR 9 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name CHAS. SIMMONS

13. Birthplace LONDON CANADA (City, town, or county) (State or foreign country)

14. Maiden name SARAH JANE FULKERSON

15. Birthplace SALINE Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Harry Friedly  
(b) Address Saint Augustine Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 23 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director R.C. Carter

(b) Address Saint Augustine Mo

19. (a) MAR 20 1942 (b) Thos O. Woodcock (Registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19th year 1942 hour 7 minute 25 A M.

21. I hereby certify that I attended the deceased from Mar 9 1942 to Mar 19 1942, that I last saw her alive on Mar 19 1942, and that death occurred on the date and hour stated above.

Immediate cause of death

Ac. Pericarditis ?

Due to Interne Fibrosis 2 yrs.

Due to 568

Other conditions (Include pregnancy within 3 months of death) Arterial Hypertension

Major findings: Of operations Uterine Fibroids Large & multiple Intramural

Of autopsy Arterial Hypertension

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence none  
(c) Where did injury occur? none (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? (Specify type of place) (e) Means of injury: 1

23. Signature Robert H. ... (M. D. or other) 1  
Address Marshall Mo Date signed 5-20-42

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

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-14-42

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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

*R. C. Carter*

Licensed Embalmer No. 3573

P. O. Address

*Shelby, Tenn.*

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.