

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 753

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Ridgeway
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GARLAND JACK FROST

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

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

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

7. Birth date of deceased October 4 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 9 25 _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Nelson A. Frost

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

14. Maiden name Margaret M. Allen

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

16. (a) Informant J. Frost #2

(b) Address 38th & Federal

17. (a) Burial (b) Date thereof 7/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridgeway Mo

18. (a) Signature of funeral director Paul S. Huff

(b) Address 605 1/2 Taylor City

19. (a) 7-29-42 (b) Reg. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 11 minute 159 A.M.

21. I hereby certify that I attended the deceased from July 15 1942 to July 29 1942
that I last saw him alive on July 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Syphilitic meningitis
encephalitis
Due to _____
Duration 6 yrs.

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 D.P. Johnson (M. D. or other) M.D.
Address State Hosp #2 Date signed 7-29-42

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

MOTHER FATHER

11
1
7

1 DEF

101

HP

MAR 17 1948

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3956

P. O. Address St. Joseph, Mo.

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.