

Registration District No. 457

Primary Registration District No. 56210

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia, Mo.
(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 _____ (Specify whether
In this community _____ years, months or days lifetime)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Concordia, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Pine
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Irma Frenking

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

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

7. Birth date of deceased November 24, 1911
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Book-keeper

11. Industry of business _____

12. Name William J. Frenking

13. Birthplace Concordia, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Concordia Admeyer

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

16. (a) Informant William J. Frenking

(b) Address Concordia, Mo.

17. (a) Burial (b) Date thereof 6/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Cemetery, Concordia, Mo.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 1941 to June 21, 1942
that I last saw her alive on June 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Sclerosis
Due to _____

Due to _____

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

Major findings: Of operations _____ 87d.

Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edmund J. ... Address Concordia, Mo. Date signed 6/23/42

District Treasurer Number No. 8,

District File Number _____

Date Filed 7-27-42

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 E. G. Froehning F. C. Voigt
2959
Licensed Embalmer No. 1511

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.