No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

Registration District No. 18

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29719

Primary Registration District No. 5086

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Homer 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 (Specify whether years, months or days)
In this community 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 2 mi South Amoret
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Emma Ester Frick
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James E. Frick
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Nov. (Month) 1 (Day) 1866 (Year)
8. AGE: Years 76 Months Days If less than one day hr. min.
9. Birthplace Centerville (City, town, or county) Kan. (State or foreign country)
10. Usual occupation House-wife
11. Industry or business
12. Name Edward Kohl (Father)
13. Birthplace unk (City, town, or county) Switzerland (State or foreign country)
14. Maiden name Mary unk (Mother)
15. Birthplace unk (City, town, or county) Switzerland (State or foreign country)
16. (a) Informant Mrs. Pluce Barton
(b) Address Amoret
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson Cemetery
18. (a) Signature of funeral director Archer & Mangold
(b) Address Amoret Mo.
19. (a) Sept 30, 1942 (Date received local registrar) (b) Mrs. J. P. Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th year 1942 hour 3:50 minute P. M.
21. I hereby certify that I attended the deceased from August 1941, 19__, to September 27, 1942 that I last saw her alive on September 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	1 day
Due to Carcinoma (Urethral)	18 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

52C

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 W. H. Schubert (M. D. or other) D.O.
Address Amoret, Missouri Date signed 9-28-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 10-42-1116
Date Filed 10-9-42.

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 L. R. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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, above space should be left blank.