

FILED OCT 8 1942

Registration District No. 87

Primary Registration District No. 5316

Registrar's No. 32

27
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1. PLACE OF DEATH

(a) County Cooper

(b) City or town Rural - Creek View
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 70 yrs.
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. Near Pilot Grove, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM-DAVID-FRIESS

8. (b) If veteran, name war no. 8. (c) Social Security No. no

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased May - 12 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 1 hr. min.

9. Birthplace Cooper Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business SAME

12. Name Phillip FRIESS

13. Birthplace UNKNOWN - GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name Lena Heister

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

16. (a) Informant Lena Nersisheimer
(b) Address Pilot Grove - Mo

17. (a) BURIAL (b) Date thereof SEPT-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PILOT-GROVE - MO.

18. (a) Signature of funeral director Hays & Painter

(b) Address Pilot Grove, Mo

19. (a) Sept 15 - 1942 (b) Mrs. Rev. Robin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1942 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-15 - 1942, to 9-12, 1942

that I last saw him alive on 9-7 - 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 8 Mo

Due to Coronary Artery Sclerosis

Due to _____

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

Major findings: Of operations g & a

Of autopsy No

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 g. O. Boley (M. D. or other) _____

Address Pilot Grove Date signed 9-14-42

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-6-42

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, Me

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.