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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30951**
Registrar's No. _____

FILED OCT 9 1942

Registration District No. **6-1-248** Primary Registration District No. **58-135844**

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Seneca, Mo. rural
(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 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Seneca (b) County Newton
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.# 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN CURTIS FRITCHEY

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 Married
6. (b) Name of husband or wife ALICE JONES 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August 8 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62. 1 21 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name George Fritchey
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Francis Noely
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Black
(b) Address Seneca, Mo.

17. (a) burial (b) Date thereof 10-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca, Mo.

18. (a) Signature of funeral director B.W. Buppard
(b) Address Seneca, Mo.

19. (a) Oct 5 1942 (b) W.P. Burnett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 30
year 1942 hour 3 minute 10 M.

21. I hereby certify that I attended the deceased from Sept 27, 1942 to Sept 30, 1942
that I last saw him alive on Sept 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

Duration
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)
(c) Means of injury _____

23. Signature P.B. Dremley (M. D. or other)
Address Seneca Mo Date signed 10-2-42

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.....

James D. Buzzard

Licensed Embalmer No.....

4215

P. O. Address.....

Seneca, 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.

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