S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1589

State File No.

FILED JAN 25 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 14

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 1018 Ridenbaugh O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1018 Ridenbaugh
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JESS-R-FROGGE

3. (b) If veteran, name war No

3. (c) Social Security No. unk

4. Sex Male

5. Color or race W Wt

6. (a) Single, widowed, married, divorced Div.

6. (b) Name of husband or wife Dela Goyet

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

7. Birth date of deceased Feb (Month) 8 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	10	27	hr. min.

9. Birthplace Buchanan Co (City, town, or county) Ind (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Augustus Frogge
13. Birthplace unk (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Sarah Wells
15. Birthplace Bethany (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Nellie L Brown

(b) Address St Joseph Mo

17. (a) b (Burial, cremation, or removal) (b) Date thereof Jan (Month) 7 (Day) 1943 (Year)

(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo.

19. (a) 1-7-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 5 year 1943 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942 Jan 5, 1943; that I last saw her alive on Jan 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration Jan 1/43

Due to

Due to

Other conditions Chr Myocardio
(Include pregnancy within 3 months of death)

Major findings:
Of operations ZZO
Of autopsy ZZ

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 Frank L Hadigan (M. D. or other)

Address 620 Marcis Date signed 1/6/43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 John Ray Slaney

Licensed Embalmer No. 2435

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.