

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

1. PLACE OF DEATH

(a) County Camden

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

(c) Name of hospital or institution: Home 4 mi S.W. Montreal
(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) life

3. (a) PRINT FULL NAME John Arthur Fredrick

3. (b) If veteran, name war. _____ **3. (c) Social Security** No. _____

4. Sex male **5. Color or race** wh

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

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

7. Birth date of deceased July 17 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62 5 1 hr. min.

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

10. Usual occupation farming

11. Industry or business

12. Name John W. Fredrick

13. Birthplace Illinois (State or foreign country)

14. Maiden name Martha R. Hinman

15. Birthplace Indiana (State or foreign country)

16. (a) Informant Bible

(b) Address Fredrick Family, Montreal

17. (a) Burial (b) Date thereof Dec 20 1942
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Montreal Cemetery

18. (a) Signature of funeral director Banks - Woolley

(b) Address Camdenton, Mo.

19. (a) Jan 8 - 1943 (b) Laverne Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from December 1
1942, to December 18, 1942
that I last saw him alive on December 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Chronic

Duration 1942

Due to _____

Due to _____

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

Major findings:

Of operations no operations

Of autopsy none

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? _____

23. Signature E. B. Beaborn (Specify type of place) _____
(e) Means of injury _____

Address Camdenton, Mo. **Date signed** 1/8/43

RECEIVED

District Health Officer No. 7,

District File Number 1-43-9

Date Filed 2-2-43

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 Abbie Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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.