

FILED MAY 15 1943

Registration District No. 15

Primary Registration District No. 3004

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(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)

In this community 23 years (last four months)
years, months or days

3. (a) PRINT FULL NAME RALEIGH OSMER FROGGE

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 Hazel Frogge 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 12 1904
(Month) (Day) (Year)

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

38 6 23 _____ hr. _____ min.

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

10. Usual occupation Dairy operator

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Frogge

{ 13. Birthplace Jackson County, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Iona Stultz

{ 15. Birthplace Lamar, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel Frogge

(b) Address 4415 E. 39th, Kansas City, Missouri

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

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) 4-6-43 (b) Martha River
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4415 East 39th Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec-30 1942 to April 6 1943
that I last saw him alive on April 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature C. E. Duerett (M. D. or other) M.D.

Address Lamar Mo Date signed 4-6-43

RECEIVED

District Health Officer No. 6,

District File Number 543-595-

Date Filed MAY 13 1943

SEP 7 1943

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.....

Carl F. Kuntz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.