

FILED MAY 10 1943

Registration District No. **6-42-260**

Primary Registration District No. **58574392**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Frederick - Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Josephine C. Morfeld

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1943 hour 8:15 PM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 28, 1942 to April 18, 1943;
that I last saw her alive on April 18, 1943;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Mrs. Morfeld

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: April 3- 1898
(Month) (Day) (Year)

Immediate cause of death Addison Disease

Due to _____

Due to _____

8. AGE: Years 45 Months 15 Days _____ If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations 65a

Of autopsy _____

10. Usual occupation House wife

11. Industry or business _____

12. Name Fred B. Felter

13. Birthplace Frederick, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Cochner

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

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? _____

16. (a) Informant Carrie Morfeld

(b) Address Frederick, Mo

17. (a) Burial (b) Date thereof 4-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial, Mo

18. (a) Signature of funeral director Winton Funeral

(b) Address Mo

19. (a) Apr-19-43 (b) Antonia Klebba
(Date received local registrar) (Registrar's Signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Earl F. ... (M. D. or other)

Address Frederick, Mo Date signed _____

Duration 1 year

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1244

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Lima, 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.