

5. No. 2
4-5-42
5-17-39
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State File No.

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: Liberton General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 5 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Liberton
(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 _____

3. (a) PRINT FULL NAME Francis Lavern Frey

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Dec 13, 1925
(Month) (Day) (Year)

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

17-3-20 hr. min.

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

10. Usual occupation: School Bus

11. Industry or business _____

MOTHER FATHER { 12. Name: Clyde Frey

13. Birthplace: Bonne Terre Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Catherine Paul

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

16. (a) Informant: Father

(b) Address: California

17. (a) Burial (b) Date thereof: 4-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Old Memorial Park

18. (a) Signature of funeral director: Orville Taylor

(b) Address: Liberton Mo

19. (a) 4-30-43 (b) Louise Largent
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1943 hour 8. minute 30 AM.

21. I hereby certify that I attended the deceased from 4-13, 1943, to 4-13, 1943; that I last saw h. alive on 4-13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coma (Diabetic)

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: [Signature] (M. D. or other) _____
Address: Liberton Date signed: 4-27-43

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

1518

MAY 18 1948

RECEIVED
District Health Office No. 2,
District File Number 543-646
Date Filed 5-10-48

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 W. C. Gray

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.