S. No. 2
M—5-42
5-17-39
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

State File No. 28574

SEP 7 1943

Registration District No. 164

Primary Registration District No. 5600

Registrar's No. 89

1. PLACE OF DEATH:

(a) County JOHNSON

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

(c) Name of hospital or institution: Simpson Township (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)

In this community most of life time

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON 51

(c) City or town Warrensburg Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. 10 MI SOUTH + WEST (If rural, give location) CONCORDIA MO

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

If yes, name country 0

3. (a) PRINT FULL NAME MARTHA ELIZEBETH FROESCHLE

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN FROESCHLE

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

7. Birth date of deceased DEC (Month) 5 (Day) 1856 (Year)

8. AGE: Years 86 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace WISCONSIN (City, town, or county) U.S.A. (State or foreign country) 1

10. Usual occupation RETIRED HOUSEWIFE

11. Industry or business

FATHER

12. Name CHARLEY HELT

13. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

MOTHER

14. Maiden name MARTHA HOLLANDINK

15. Birthplace GERMANY (City, town, or county) (State or foreign country) 4

16. (a) Informant MR WILL FROESCHLE

(b) Address WARRENSBURG MO RFD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation NEW HOPE CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA MO.

19. (a) Aug 31 1943 (Date received local registrar) (b) Lola M. Williams (Registrar's signature)

1001

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 29 year 1943 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1940 ....., 19....., to Aug - 29 ....., 1943, that I last saw h. alive on Aug 29 - 43 ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. F. McKinney (M. D. or other) MD

Address Warrensburg Mo Date signed 8-31-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District Site Number
Date Filed 9-3-23

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 Me, Registered Apprentice No. 2058, working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.