

FILED NOV 6 1943
Registration District No. 210

Primary Registration District No. 5769

Registrar's No. 160

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

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Rural Lindley Township
(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 All life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer 065

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

(d) Street No. 9 miles N.E. of Cainsville MO
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Jefferson Frisbie

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 February 12 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Levi Frisbie

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

14. Maiden name Aaran Stambraugh

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

16. (a) Informant Rosalie Donelson
(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof Oct. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cemetery

18. (a) Signature of funeral director _____
(b) Address Cainsville, Missouri

19. (a) 10-28-43 (b) John Alley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19
year 1943 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from Oct 13
1943 to Oct 19, 1943
that I last saw him im alive on Oct 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

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 D. H. Huff (M. D. or other) _____
Address Cainsville, Missouri Date signed 10/20/43

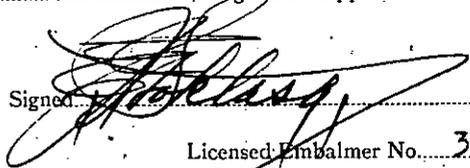
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by

Eddie J. Toklasa

Registered Apprentice No.

working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.