

FILED DEC 6 1943

Registration District No. **111**

Primary Registration District No. **5726**

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

1. PLACE OF DEATH:

(a) County **FRANKLIN**
(b) City or town **PACIFIC (RURAL) BOYS**
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **2 wks** In hospital or institution (Specify whether)
In this community **On Highway** years, months or days **on way to hospital**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **FRANKLIN**
(c) City or town **SULLIVAN**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **15**
year **1943** hour **10** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Nov 14-43**
to **Nov 15**, 19**43**
that I last saw her alive on **November 15**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Coma**

Due to **Diabetes-untreated**

Due to **61**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**

Of autopsy

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 **J. A. Proctor** (M. D. or other)
Address **Sullivan, MO** Date signed **11/6/43**

Duration **24 hours**
PHYSICIAN **61**
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **EDITH FRECH**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **ARTHUR FRECH** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **MAV 7, 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **6** Days **8** If less than one day hr. min.

9. Birthplace **STEELVILLE MO. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **HOME**

12. Name **FINIS CAMPBELL**

13. Birthplace **CRAWFORD Co. MO. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **MORA KEY**

15. Birthplace **KEYSVILLE MO 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **ARTHUR FRECH**

(b) Address **SULLIVAN, MO.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **NOV. 20, '43**
(Month) (Day) (Year)

(c) Place: burial or cremation **SULLIVAN, MO.**

18. (a) Signature of funeral director **W. P. Proctor**
(b) Address **SULLIVAN, MO.**

19. (a) **11/15/43** (Date received by registrar) (b) **Edward P. Proctor** (Registrar)

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 Edgar W. Laffoon
Licensed Embalmer No. 3394
P. O. Address Sullivan, 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, above space should be left blank.