

FILED JAN 10 1944  
93

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10000  
Registrar's No. 8

Registration District No. 93

Primary Registration District No. 4154

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution:  
235 So. Main  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 2 Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

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

(d) Street No. Everton Mo. R1  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ephriam Henry Frits

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

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 Nov 20 1870  
(Month) (Day) (Year)

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

73 1 9 hr. min.

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

10. Usual occupation Farm laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Nelson Frits

13. Birthplace not known  
(City, town, or county) (State or foreign country)

14. Maiden name Josephine not known

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Hoover

(b) Address Everton Mo R1

17. (a) Burial (b) Date thereof Dec 31 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinking Creek Cemetery

18. (a) Signature of funeral director Gene A. Brown

(b) Address Walnut Grove Mo.

19. (a) 12-30-43 (b) Phyllis Lack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1943 hour 2 minute PM

21. I hereby certify that I attended the deceased from Dec 10 1943 to Dec 29 1943  
that I last saw him alive on Dec 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis 12/29/43  
Arteriosclerosis General 1935

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: 942

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 12/29/43

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 J. W. Shannon (M. D. or other) DO

Address Brekenfield Mo Date signed 12-30-43

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

RECEIVED

District Health Officer No. 8,

District File Number 144-8

Date Filed 1-5-48

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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 *J. W. Birch*  
Licensed Embalmer No. 3856  
P. O. Address Ash Grove, 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!