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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3106

State File No.

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 1500 South Osage
(If not in hospital or institution, write street number or location)

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

In this community 6 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Independence ⁴
(If outside city or town limits, write "RURAL")

(d) Street No. 1500 So Osage
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EMMA L. FREDE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1944 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 19
1944, to Jan 21 1944

that I last saw her alive on Jan 19
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widow, or married 2 widowed

6. (b) Name of husband or wife Frank B. Frede

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

7. Birth date of deceased Oct. 20 1870
(Month) (Day) (Year)

Immediate cause of death Abdominal Aortic

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings:
Of operations _____

Of autopsy _____

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

73 3 1 hr. min.

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

10. Usual occupation House wife

MOTHER FATHER

11. Industry or business _____

12. Name Unknown Liss

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

14. Maiden name Anna

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

16. (a) Informant Miss Gertha Wagner

(b) Address 1500 So. Osage

17. (a) Burial (b) Date thereof Jan 24 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cem

18. (a) Signature of funeral director George C. Carson

(b) Address Independence, Mo.

19. (a) 1-23-1944 (b) James Ross
(Date received local registrar) (Registrar's signature)

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 Fred J. Zimmerman (M. D. or other) D.O.

Address Independence Date signed 1-22-44

Duration 1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

1165

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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address. Indep. 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.