S. No. 2
M—5-42
. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1944

Registration District No. 27

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5920

State File No. 3877

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural — Union Twp
(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: 88-5-22 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

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

(d) Street No.:
(If rural, give location)

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

3. (a) PRINT FULL NAME: Arthur Frentzel Sr.

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Emma Frentzel

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

7. Birth date of deceased: July (Month) 22 (Day) 1855 (Year)

8. AGE: Years 88 | Months 5 | Days 22 | If less than one day: hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Charles Frentzel
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Emelia Hopfer
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Theodosius Frentzel
(b) Address: Frohna Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Uniontown Mo.

18. (a) Signature of funeral director: Young & Son
(b) Address: Perryville Mo.

19. (a) 1-15-44 (Date received local registrar) (b) Roy G. Eddy (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 14 year: 1944 hour: 1 minute: A M.

21. I hereby certify that I attended the deceased from January 10th 1944 to January 14th 1944 that I last saw him alive on January 13 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, Bronchi	3d.
Due to: Influenza	3d.
Due to:	
Other conditions (Include pregnancy within 3 months of death): 330	
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: Theodore Fischer (M. D. or other) M.D.
Address: Altenburg, Mo Date signed: 1-15-44

1326 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 2-44-342
Date Filed 2-10-44

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.