

FILED MAR 27 1944

State File No. _____

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway 63
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 Week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County COOK **999**
(c) City or town Chicago **11**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. 6238 Dorchester
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Robert Dale Frost
3. (b) If veteran, World War II 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 3
year 1944 hour 3:00 minute A.M.

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

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased 3 - 23 - 1923
(Month) (Day) (Year)
8. AGE: Years 20 Months 11 Days 10 If less than one day hr. _____ min. _____

Due to Boys (child) crashed
Automobile Accident
Due to _____
Other conditions Ran off roadway & hit a pole
(Include pregnancy within 3 months of death) killed instantly

9. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Just received medical discharge from Army.

Major findings: Of operations _____
Of autopsy none **1700676**
27

11. Industry or business _____
12. Name L.M. Frost
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Goldie Ferrine
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident O/D
(b) Date of occurrence Nov. 3 - 1944
(c) Where did injury occur? on Highway 63 Boone Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Mrs. L.M. Paris
(b) Address 817 Fay St., Columbia, Mo.
17. (a) Burial (b) Date thereof 3-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

23. Signature Missouri M. Adams (Specify type of place) _____
(City, town, or county) (e) Means of injury car
Address _____ Date signed 3/10/44

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) Mar. 5 - 44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
23. Signature _____ (City, town, or county) (e) Means of injury _____
Address _____ Date signed _____

WHILE PRINTING USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

5
X

APR 17 1944

SEP 20 1943

MAR 2 9 1944

MAY 26 1944

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 *M. S. Whiteside*

Licensed Embalmer No. *3893*

P. O. Address *Calumet*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.