S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33962

State File No.

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado Springs Mo
(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 —
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar Co

(c) City or town El Dorado Springs
(If outside city or town limits, write "RURAL")

(d) Street No 122 W. Martin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George W Frieze

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

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

7. Birth date of deceased March (Month) 29 (Day) 1862 (Year)

8. AGE: Years 82 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Cedar Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Elbert S. Frieze
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sarah L. Marshall
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Roy C Frieze
(b) Address El Dorado Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-12-44 (Month) (Day) (Year)
(c) Place: burial or cremation Waggoner Mo

18. (a) Signature of funeral director Gibson-Siders
(b) Address El Dorado Springs Mo

19. (a) 10/11/44 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1 1944 to Oct 10 1944 that I last saw him alive on Oct 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Parisis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address El Dorado Sp Mo Date signed Oct 9-44

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 10-44-1297
Date Filed 11-13-44

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 O B Sikes

Licensed Embalmer No. 3250

P. O. Address E Dorado Springs, 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.