

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6050**

Registration District No. **110** Primary Registration District No. **4182** Registrar's No. **3 6**

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

610

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Newbaven
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 9ll years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Newbaven Mo. 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JULIA FRENTROP
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH Month Feb day 24 year 1945 hour 4 minute 20 P. M.
 21. I hereby certify that I attended the deceased from 1945 Feb 21 5 to 1945 Feb 24 24
 that I last saw her alive on Feb 24 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Gustave Frentrop
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 2 1865
 (Month) (Day) (Year)

Immediate cause of death Coronary thrombosis 12 hrs.

8. AGE: Years 79 Months 10 Days 22 If less than one day _____ hr. _____ min.

Due to auricular fibrillation 20 days

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

Due to _____
 Other conditions 94 W
 (Include pregnancy within 5 months of death)

10. Usual occupation House Wife

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name John Brinkman
 13. Birthplace Missouri
 14. Maiden name Mary Durkin
 15. Birthplace Germany

16. (a) Informant Mr. Chas. Schumaker
 (b) Address Newbaven Mo
 17. (a) Burial (b) Date thereof 2-27-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director Wm. G. Kern
 (b) Address Newbaven Mo
 19. (a) 2/27/45 (b) Clara England
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature B.P. Eisenmann M.D.
 Address New Haven, Mo Date signed 2/26/45

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 3/17/45

[Faint handwritten notes and scribbles]

MAR 20 1945

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 Earl Festig
Licensed Embalmer No. 3387
P. O. Address Heaven 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.