

FILED MAR 20 1945

Registration District No. **3**

Primary Registration District No. **3006**

Registrar's No. **47**

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

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:  
**305 Monroe St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Months** (Specify whether years, months or days)

In this community **10 Months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HORACE ESTES FROST JR.**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

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 **4 - 11 - 1944** years (Month) (Day) (Year)

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

**10 13** hr. min.

9. Birthplace **Columbia Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Horace Estes Frost**

13. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Neal**

15. Birthplace **Boone County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Horace Estes Frost**

(b) Address **305 Monroe St., Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **2-25-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cemetery**

18. (a) Signature of funeral director **Parsons Funeral Service**

(b) Address **Columbia, Mo.**

19. (a) **2-25-45** (b) **Edna H. Barber**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**

(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")

(d) Street No. **305 Monroe St.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **24**  
year **1945** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 18** 19**45** to **Feb 24** 19**45**  
that I last saw him alive on **Feb 24** 19**45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis** Duration  
**Nirus type**

Due to **unknown**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **10/11**

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?

While at work (Specify type of place) (a) Means of injury

23. Signature **Stephen J. [Signature]** (M. D. or other)  
Address **Columbia** Date signed **2/28/45**

1220

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-19-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>not</sup> ~~by me, or by~~.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Thas L. Taring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.