S. No. 2
OM—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

Registration District No. 365

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21554

Primary Registration District No. 3076

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

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

(d) Street No. RR #3 Center Twp.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Leonard Elmer Frey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Mo

5. Color or race W

6. (a) ~~Single, widowed~~, married, ~~divorced~~

6. (b) Name of husband or wife Geneva May Frey

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July (Month) 27 (Day) 1879 (Year)

8. AGE: Years 65 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Johnsonville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Jake Frey
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Lovina Stulk
15. Birthplace Jersey City (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. E. L. Frey
(b) Address Nevada Mo. R.R. 3

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 11 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Glenville, Nebraska

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Missouri

19. (a) 6-12-45 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1945 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 5th, 1945, to June 9th, 1945; that I last saw him alive on June 9th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Myocardial Failure

Due to Myocarditis Chr.

Due to

Other conditions Chr Chalcystitis
(Include pregnancy within 3 months of death)

Duration 4 days

Major findings:
Of operations none
Of autopsy none

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 Wm H Allen M.D. (M.D. or other)

Address Nevada Mo Date signed 6/10/45

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-45-621
Date Filed 7-11-45

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 He

, Registered Apprentice No.

working under my personal supervision.

Signed L. B. Fong

Licensed Embalmer No. 0760

P. O. Address Nevada 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.