

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 17

Registration District No. 31 Primary Registration District No. 4040

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Cole Camp
(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 90 Years (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Charles H Frisch
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 6th
year 1945 hour 11 minute AM

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 Dead years _____

21. I hereby certify that I attended the deceased from Sept 4 1945 to Sept 6 1945
that I last saw him alive on Sept 6 1945
and that death occurred on the date and hour stated above.

7. Birth date of deceased: November 12th 1854
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
90 9 24 _____ hr. _____ min.

Immediate cause of death Central Apoplexy
Due to Hypertension
Due to _____

9. Birthplace Boylers Mills Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Miller

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations g3w
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Herman H Frisch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Schmidt
15. Birthplace Germany
(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) _____
(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) (e) Means of injury _____

16. (a) Informant Mrs Zora Winchester
(b) Address Cole Camp Mo
17. (a) Burial (b) Date thereof Sept 9th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cole Camp Memorial
18. (a) Signature of funeral director E L Eickhoff
(b) Address Cole Camp Mo
19. (a) Oct - 4 - 1945 (b) Pauline Harris
(Date received local registrar) (Registrar's signature)

23. Signature G. J. Mordard (M. D. or other) Dr.
Address Cole Camp, Mo Date signed Sept 8, 1945

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

DEC 13 1945

REC'D

Date

Date Filed

9-45-969
10-17-45

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. L. Edelhoff*

Licensed Embalmer No..... 730

P. O. Address..... Cole Camp 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.