

FILED JAN 9 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

51833009

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson Mo.
(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 69 years
In this community 69 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. 16
(c) City or town Jackson 2
(If outside city or town limits, write "RURAL") 1
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT August H Friedrich
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced. M /
6. (b) Name of husband or wife Martha Friedrich 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. 21 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 0 hr. min.

9. Birthplace Jackson Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Dairyman

11. Industry or business

12. Name Jacob Friedrich

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant August A Friedrich

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 12 23 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russel Heights Cem.

18. (a) Signature of funeral director D. E. Ruff

(b) Address Jackson Mo.

19. (a) 12-22-45 (b) D. G. Huber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1945 hour 11:45 minute 40 a.m.

21. I hereby certify that I attended the deceased from Aug
1944, to Dec 21, 1945
that I last saw h. i. m. alive on Dec 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 30 min

Due to Arterial Sclerosis 20 yr

Due to

Other conditions myocardite 3 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 9

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?

(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 T. E. Ruff (M. D. or other) MD

Address Jackson Mo Date signed 12/23/45

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

RECEIVED

District Health Officer No. 4
District File Number 146-1537
Date Filed 1-8-46

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.