

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Rural Bonded  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Albertina Fricke

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

4. Sex Female 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 \_\_\_\_\_ years

7. Birth date of deceased Nov 20 1852  
(Month) (Day) (Year)

8. AGE: Years 93 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Seiger 5

13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

14. Maiden name Anna Peyer

15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Jos. Fricke

(b) Address Jonesburg mo

17. (a) Burial (b) Date thereof Dec 22 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg mo.

18. (a) Signature of funeral director C. A. Heddy

(b) Address Jonesburg mo.

19. (a) Jan 4-46 (b) Miss May Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8 miles north of Jonesburg  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20  
year 45 hour 4 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 7  
1945, to Dec 20, 1945.

That I last saw him alive on Dec 20, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Chronic Hepatitis and Myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 2

23. Signature W. J. Anderson (M. D. or other) MD  
Address Jonesburg, mo. Date signed Jan 7 1946

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

1513

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-10-46

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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 Paul A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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, above space should be left blank.