

FILED MAR 15 1946
Registration District No. 139

Primary Registration District No. 4225

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Holt *Mo.*
(b) City or town Oregon
(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 4 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah *Mo.*
(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 Florence Agnes Frodsham

3. (b) If veteran, name war _____ 3. (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 Charles William Frodsham 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 6 0 hr. _____ min.

9. Birthplace Near Oregon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Solomon Lehmer
13. Birthplace _____ Penna.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hill
15. Birthplace _____ Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.C. Whitmer
(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Feb. 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Savannah, Missouri

18. (a) Signature of funeral director James F. Pottzsch
(b) Address Oregon, Mo.

19. (a) 2-28-46 (b) J. Cherry
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from NOT 3 1943
_____ 19 _____ to FEB 20 1946
that I last saw h. al alive on FEB 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration 1 week

Due to _____

Due to _____

Other condition Imp. circulation of blood in brain
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy yes

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? none
(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 E. F. Kennedy (M. D. or other) _____
Address Dr. E. F. Kennedy Date signed 2-28-46

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

4394

AUG 18 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

AUG 1 1945

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 James H. Pettigrew
Licensed Embalmer No. 3192
P. O. Address Oregon 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.