

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No.

28  
9118

Registrar's No.

227

FILED MAR 27 1946

Registration District No. 128

Primary Registration District No. 2000

## 1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. John's Hosp.  
(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  
years, months or days)

## 3. (a) PRINT FULL NAME FRERERICK WM. VENTER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Elizabeth Venter 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased MARCH 11-1871  
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Cobb (City, town, or county) MO. 1 (State or foreign country)

10. Usual occupation Cabb

11. Industry or business Garage

12. Name Conrad Venter

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

14. Maiden name Williamina Holland

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

16. (a) Informant Mrs. F. F. Frieze

(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 3/18/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Malus F. F. Frieze

(b) Address Springfield, Mo.

19. (a) 3-11-46 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cedar  
(c) City or town El Dorado Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 S. Main  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1946 hour 4 minute 40A.M.

21. I hereby certify that I attended the deceased from March 2 1946 to March 6 1946  
that I last saw him alive on March 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 7 years

Due to Arteriosclerotic Heart Disease 6 mo.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

## 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?

While at work? (Specify type of place) Means of injury

23. Signature E. E. Frieze (M. D. or other) 3/11/46

Address Springfield, Mo. Date signed

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

MOTHER FATHER

Jul 26 1968

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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.....

*✓ L. A. Ruff*

Licensed Embalmer No. *3044*

P. O. Address *Springfield 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.**

*X*