

FILED MAY 9 1946

Registration District No. **107**

Primary Registration District No. **30195422**

Registrar's No. **114**

1. PLACE OF DEATH:
 (a) County: **Dunklin**
 (b) City or town: **Kennett - Rural**
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Mo.** (b) County: **Dunklin 35**
 (c) City or town: **Kennett - Rural R1**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME: **Edd Lee Frost**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **4** day **19-46**
 year ~~1946~~ hour ~~5:30~~ minute **54** M.

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
 (b) Name of husband or wife: **Christine Frost** 6. (c) Age of husband or wife if alive: **55** years
 7. Birth date of deceased: **February 21 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **not attended**
 by any physician
 that I last saw him **alive on not alive**
 and that death occurred on the date and hour stated above

8. AGE: Years **61** Months **1** Days **29**
 If less than one day hr. _____ min. _____

Immediate cause of death: **Heart attack**
sudden
pass struck him
 Due to: **about the heart and died sudden**
 Due to _____

9. Birthplace: **UNKNOWN Kentucky**
(City, town, or county) (State or foreign country)

Other conditions: **none**
(Include pregnancy within 3 months of death)

10. Usual occupation: **Farmer**

MOTHER FATHER
 11. Industry or business _____
 12. Name: **Tom Frost**
 13. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Unknown**
 15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: **no** **950**

16. (a) Informant: **Mrs. E. L. Frost**
 (b) Address: **Kennett, Mo. R. 1.**

22. If death was due to external causes, fill in the following: **NO**
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof: **4-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Liberty Cemetery**

(c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, or public place?
(Specify type of place)
 While at work? _____ (e) Means of injury: _____

18. (a) Signature of funeral director: **Piggott, Russell**
 (b) Address: **East of husband**
 19. (a) **4-21-46** (b) **East of husband**
(Date received local registrar) (Registrar's signature)

23. Signature: **H. H. ...** (M. D. or other) _____
 Address: **Kennett, Mo** Date signed: **4-19-46**

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

11034

RECEIVED

District Health Office No. 2

District File Number 546-590

Date Filed 5-7-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.