

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution: St. Joseph Hosp. O.
(d) Length of stay: 8 days
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Clinton
(d) Street No. 606 S. Main
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WALDO S. FREDERICK

3. (b) If veteran, name war / no 3. (c) Social Security No. NONE

4. Sex M. O. 5. Color or race W. 6. (a) Single, widowed, married, divorced. WIDOWED

6. (b) Name of husband or wife Clara Frederick 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased June 4 - 1863

8. AGE: Years 82 Months 9 Days 29

9. Birthplace WARSAW ILL

10. Usual occupation none

11. Industry or business

12. Name David Frederick

13. Birthplace unknown

14. Maiden name Margaret Wise

15. Birthplace unknown

16. (a) Informant Mrs. Eaglefield

17. (a) Removal (b) Date thereof 4-2-46

(c) Place: burial or cremation Clinton Mo.

18. (a) Signature of funeral director N. J. Vansant

(b) Address Clinton Mo. (c) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1946 hour 9 minute 159 M.

21. I hereby certify that I attended the deceased from 1 Dec 1945 to 3 April 1946 that I last saw him alive on 3 April 1946

Immediate cause of death Cardiac Embolus Duration 2 min

Due to Post operative condition

Other conditions 940

Major findings: Of operations Signs pubic Prostatid - only 30 Mar 46

Of autopsy not granted

22. If death was due to external causes, fill in the following: none

(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?

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

23. Signature A. Stockwell (M. D. or other) M.D. Address 625 Profes Bldg KC Mo Date signed 3 Apr 46

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

12039

18
3
8

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. 3779

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.