Derfelt Hosp

16994

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. 16994

State of Missouri 2001

Registrar's No.

156

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2
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15875

1 PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Derfelt Hospital O
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 17 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County Ottawa 999
(c) City or town Fairland 34
(If outside city or town limits, write RURAL)
(d) Street No. 4 mi W Fairland O
(If rural give location)
(e) Citizen of foreign country? Yes or No no 2
If yes, name country

3(a) FULL NAME Harold Fruekhauser
3 (b) If veteran, name war
3 (c) Social Security No.
4. Sex Male O
5. Color or race White
6(a) Single, widowed, married, divorced Single O
6 (b) Name of husband or wife
6(c) Age of husband or wife, if alive years.
7. Birth date of deceased May (Month) 24 (Day) 1928 (Year)

8. AGE: Years	Months	Days	If less than one day
17	9	20	hr. min.

9. Birthplace Near Fairland (City, town, or country) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Glen Fruekhauser
13. Birthplace Okla (City, town, or country) (State or foreign country)
14. Maiden name Emma Thelan
15. Birthplace Iowa (City, town, or country) (State or foreign country)
16. (a) Informant's own signature Glen Fruekhauser
(b) Address Fairland Okla
17 (a) (Burial, cremation, or removal) (b) Date thereof 3-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem Afton
Was body embalmed? Yes Yes No
Signature of embalmer D B Cooper
18. (a) Signature of funeral director J S Campbell
(b) Address Fairland
19 (a) 4-15-46 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Mar day 14
year 1946 hour 10 minute 25
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Endocarditis	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Dr. S. L. Stacy (M.D. or other) D.O.
Address Fairland Okla Date signed 3/31/46

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