S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17865

FILED JUN 11 1946

Registration District No. 37

Primary Registration District No. 6075

Registrar's No. 181

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 9 mos. 16 das.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 94

(c) City or town Perkins 0
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 0
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME EMILY CAROLINE FROST

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced Married or widowed.

6. (b) Name of husband or wife Samuel J. Frost

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased December (Month) 3, (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	16	hr. min.

9. Birthplace Ataca, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Harvy Bell
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lizzie Cain
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Missouri

19. (a) 5-29-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from
2 April 19, 1946, 19 to May 19, 1946, 19
that I last saw her alive on May 19, 1946, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Myocarditis	
Due to Dacosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No 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

23. Signature George W. Lewis (M. D. or other) MD

Address Farmington Mo Date signed 5/19/46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 646-2244

Date Filed 6-10-46

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 C H Cozean

not embalmed

Licensed Embalmer No. 4084

P. O. Address Farmington 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.