

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19968**

FILED JUL 1 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 478

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

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:
1302 E. Blaine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 1302 E. Blaine St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida May Frysinger

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female **5. Color or race** White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife UNK.

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

7. Birth date of deceased June 24 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>11</u>	<u>11</u>	hr. _____ min.

9. Birthplace Mercer Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name William Bannon

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Iva Lacey

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 6-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prep. Lawn Cem.

18. (a) Signature of funeral director W. K. Ingner & Co.
Springfield Mo.

(b) Address _____

19. (a) 6-6-46 (b) Dr. W. S. Standley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 4 minute 20 A. M.

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

Immediate cause of death Cerebral Anemia **Duration** 48 hrs.

Due to Arterio Sclerosis

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)
(e) Means of injury _____

23. Signature Max Fife (M. D. or other) MO.

Address Springfield, Mo. **Date signed** 6-5-46

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.

Not embalmed
Signed..... *Ray Adams*
Licensed Embalmer No. *1763*
P. O. Address..... *Springfield*

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