

Registration District No. 263

Primary Registration District No. 5859

Registrar's No. 1

1. PLACE OF DEATH:
 (a) County Ozark
 (b) City or town Rural- Jasper Twp.
(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)
 In this community 41 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ozark
 (c) City or town Isabella
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: _____

3. (a) PRINT FULL NAME Earl Friend
 (b) If veteran, name war: ----
 (c) Social Security No. 746-03-7075

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 1
 year 1946 hour 10 minute 30 P. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Minnie Flo Friend
 6. (c) Age of husband or wife if alive 37 years
 7: Birth date of deceased January 21 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1943
 to June 1, 1946
 that I last saw him alive on May 26, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Angina Pectoris Duration 2 hr

8. AGE: Years 41 Months 4 Days 10
 If less than one day _____ hr. _____ min.

Due to Essential Hypertension
 Due to Diabetes Mellitus
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Theodosia Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Mechanic

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

11. Industry or business: ---
 12. Name John Friend
 13. Birthplace Theodosia Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Flora Elliott
 15. Birthplace Nottingham Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Johnson
 (b) Address Isabella Mo.
 17. (a) Burial (b) Date thereof 6-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Isabella Mo.
 18. (a) Signature of funeral director Clairboard Funeral Home
 (b) Address Gainesville Missouri
 19. (a) 6-5-1946 (b) Mary E. Johnson
(Date received local registrar) (Registrar's signature)

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? 2
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature M. Haerman (M. D. or other) DD
 Address Gainesville, Mo. Date signed 6/1/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 646-678

Date Filed JUN 13 1946

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 W. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Gainesville

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.