. S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33902

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 miles so. of Joplin
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROGER BRUCE FRISINGER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 18, 1946 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace Joplin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER 12. Name Carrol Frisinger
13. Birthplace Baron, Wisconsin (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Fannie Wingert
15. Birthplace N. Y. (City, town, or county) (State or foreign country)
16. (a) Informant Carrol Frisinger
(b) Address R.R. #4, Joplin, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-46 (Month) (Day) (Year)
(c) Place: burial or cremation Burkhart Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 9-27-46 (Date received local registrar) (b) Ed Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26 year 1946 hour 2:50 minute A. M.
21. I hereby certify that I attended the deceased from Sept 18, 1946 to Sept 26, 1946 that I last saw him alive on Sept 26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cause unknown	
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
23. Signature Geo. Coons (M. D. or other)
Address Joplin, Mo Date signed 9-26-46

13 X (Licensed Embalmer's Statement on Reverse Side)

46-10-870

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.....David Dillon.....

Licensed Embalmer No.....3898.....

P. O. Address.....Joplin 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.