

**FILED MAR 12 1947**

Registration District No. 226

Primary Registration District No. 5800

Registrar's No. 12

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

**1. PLACE OF DEATH:**  
 (a) County Monroe  
 (b) City or town Rural  
(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... Eighty-three years years, months or days)

**3. (a) PRINT FULL NAME** FREDERICK ALBERT NEAR  
 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 Widowed  
 6. (b) Name of husband or wife /  
 6. (c) Age of husband or wife if alive / years  
 7. Birth date of deceased DECEMBER 30 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 11 6 hr. min.

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

10. Usual occupation farmer

11. Industry or business  
 MOTHER FATHER { 12. Name George Near  
 13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ira Near  
 (b) Address Madison, Missouri

17. (a) Burial Madison Cemetery (b) Date thereof Jan. 24 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director E. E. Hopper  
 (b) Address Clarence, Missouri

19. (a) 2/17/1947 (b) Oliver Little  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Monroe  
 (c) City or town Rural  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JAN day 22  
 year 1947 hour 12 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from Nov. 10  
1947 to 1-22-1947  
 that I last saw him alive on 1-10-1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with myocardial degeneration  
 Due to arterio-sclerosis  
 Due to \_\_\_\_\_

Other conditions /  
(Include pregnancy within 3 months of death)

Major findings: /  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature F. A. Barnett (M. D. or other) MD  
 Address Paris, Mo. Date signed 2-11-47

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 10  
District File No. 3-47-42  
MAR 11 1947

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..... *Louis E. Hopper*  
Licensed Embalmer No. *51261*  
P. O. Address..... *Clarence, 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.