

S. No. 2  
M-5-43  
7-5-17-39  
I X36571

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16767

State File No. \_\_\_\_\_

FILED MAY 27 1947

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 167

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Three days  
(Specify whether)

In this community 36 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 1451 Themis St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES BROWN FRISSELL

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-7838

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Buelah Frissel

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased November 16 1904  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>5</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Truck Driver

11. Industry or business Owned his Truck

12. Name Richard W. Frissell

13. Birthplace Oak Ridge Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ella Brown

15. Birthplace Churubusco Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Buelah Frissell

(b) Address Cape Girardeau - Mo.

17. (a) Burial (b) Date thereof May 2, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walther's Und. Co.

(b) Address Cape Girardeau, Mo.

19. (a) 5-19-1947 (b) C. C. Sumner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1947 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 28 1947 to April 30 1947

that I last saw him alive on April 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Labor pneumonia

Due to Exposure

Due to \_\_\_\_\_

Other conditions 10  
(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)

(c) Means of injury U

23. Signature C. C. Sumner (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 5/19/47

RECEIVED

District Health Officer No. 4  
District File Number 547-736  
Date Filed 5-26-47

JUN 4 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 Virgil K. Kelch  
Licensed Embalmer No. 4102  
P. O. Address Cape Girardeau - 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.