

FILED SEP 19 1947

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 531

1. PLACE OF DEATH:

(a) County Rolla

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

(c) Name of hospital or institution Spillman
(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 Shelby

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

(d) Street No. 213 Spillman
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARY FRITTS

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1947 hour 4 minute 9 A.M.

21. I hereby certify that I attended the deceased from 19, 1947, to Sept 20, 1947;
that I last saw her alive on Sept 18, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Wm Fritts

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April 15 1880
(Month) (Day) (Year)

Immediate cause of death Myocarditis, acute

Due to Malnutrition, chronic

8. AGE: Years 67 Months 4 Days 15
If less than one day _____ hr. _____ min.

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

Major findings: Asa

Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ed Carmel

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

14. Maiden name Wanda

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

16. (a) Informant Mrs Rosal Scott

(b) Address Rolla Mo

17. (a) Burial (b) Date thereof 9-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director James M. Myers

(b) Address 508 W 8th - Rolla Mo

19. (a) 9-10-47 (b) Nadine L. Stoll
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James M. Myers (M. D. or other) _____
Address Central Bldg, Rolla, Mo Date signed Sept 5, 47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Paul E. Muel..... Registered Apprentice No. *428*
working under my personal supervision.

Signed..... *S. E. Muel*

Licensed Embalmer No. *3394*

P. O. Address..... *Rolla 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.