

FILED JAN 8 1948
 Registration District No. **360**

Primary Registration District No. **6225**

Registrar's No. **187**

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No. 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)
 In this community Some time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon
 (c) City or town Nevada
(If outside city or town limits write "RURAL")
 (d) Street No. 1003 N Main
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME HENRY S. FREDERICK

8. (b) If veteran, name war ? 3. (c) Social Security No. ?

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Carrie E. Frederick 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased 11-12-1850
(Month) (Day) (Year)

8. AGE: Years 97 Months 1 Days 3 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Cigar Maker

11. Industry or business _____

12. Name George Frederick
 13. Birthplace Lititz Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Jannah Steyer
 15. Birthplace Lititz Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Linda M. Shea
 (b) Address 1003 N Main, Nevada Mo

17. (a) Burial (b) Date thereof Dec 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Newton Burial Park

18. (a) Signature of funeral director Allen J. King
 (b) Address Nevada Mo

19. (a) 12-29-47 (b) Walter H. Quincy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
 year 1947 hour 9:55 minute A M.

21. I hereby certify that I attended the deceased from 12-1- 1947 to 12-15- 1947
 that I last saw him alive on 12-15- 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
 Duration 17yr

Due to _____
 Due to _____

Other conditions 16
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____

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 W. B. Birch (M. D. or other) _____
 Address State Hospital #3 Date signed 12-15-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-42-2025

Date Filed 1-7-48

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 Allen S. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, above space should be left blank.