

S. No. 2  
DOM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8044

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

FILED APR 14 1948

Registration District No. 20

Primary Registration District No. 4071

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Candeur  
(b) City or town Candeur  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community life - 1 year  
years, months or days

3. (a) PRINT FULL NAME

James P Frow

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race wh

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

6. (b) Name of husband or wife Mary J Foster Frow

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased. Oct 10 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Metcalfe Co Ky  
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Milton S Frow

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

14. Maiden name Fancy E Gorman

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

16. (a) Informant Zilpha Frow

(b) Address Candeur, Mo

17. (a) Burial (b) Date thereof April 2-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem.

18. (a) Signature of funeral director Bankier Wooler  
(b) Address Candeur, Mo

19. (a) Apr 2-1948 (b) Zilpha Frow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candeur  
(c) City or town Candeur  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ken Del Box 163  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31  
year 1948 hour 6 minute 40 AM  
21. I hereby certify that I attended the deceased from Mar  
1938, to Mar 30, 1948;  
that I last saw him alive on Mar 30, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to uremia

Due to chronic glomerulonephritis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 137P

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 L

23. Signature J Del Atterbery (M. D. or other) DB  
Address Candeur, Mo Date signed 4-5-48

Duration acute  
chronic  
chronic  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-18-402

Date Filed 4-13-48

JUN 1  
1948

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.