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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9153

Registration District No. 157 Primary Registration District No. 5582 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town rural -- Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 4, Carthage 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME FRED FRERER
3. (b) If veteran, name war none
3. (c) Social Security No. none 1
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mabel Frerer
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April (Month) 15 (Day) 1875 (Year)

8. AGE: Years 72 Months 11 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Jasper County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation farmer 0
11. Industry or business self
FATHER
12. Name Edward Frerer 9
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name Elizabeth Hartmier 9
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Mrs. Fred Frerer
(b) Address Route 4, Carthage, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri.
19. (a) 3-22-1948 (Date received local registrar) (b) L. B. Clinton, M.D. 1/2 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1948 hour 2 minute 30 a.m.
21. I hereby certify that I attended the deceased from 16 March 1947, 19..., to 20 March, 1948 that I last saw him alive on 14 March, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	1 year
Due to	
Due to	
Other conditions: Gastric Polypes, Possibly Malignant (Include pregnancy within 3 months of death)	
Major findings: Of operations: 46 E	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. T. McNew (M. D. or other) M.D.
Address 304 Grant, Carthage, Mo. Date signed 22 March 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

48-3-271

OCT 31 1948
JAN 13 1949

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 Frank W. Kuell Jr.

Licensed Embalmer No. 4440

P. O. Address Carthage

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.