No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11520

Registration District No. _____ Primary Registration District No. 5120 Registrar's No. 108

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community: 70 Years

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

3. (a) PRINT FULL NAME: ANNIE PRICE FROST
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: George Frost
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 5 - 25 - 1877 (Month) (Day) (Year)
8. AGE: Years 70 Months 10 Days 13 If less than one day _____ hr. _____ min.
9. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business _____
FATHER 12. Name: George West
13. Birthplace: Unknown (City, town, or county) _____ (State or foreign country)
MOTHER 14. Maiden name: Sally Rumans
15. Birthplace: Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Cleo Frost
(b) Address: Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation: New Providence Cemetery
18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.
19. (a) 4-10-48 (Date received local registrar) (b) Mrs. R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1948 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 4-1-48 to 4-8-1948 and that I last saw her alive on 4-7-1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Invalid for several years	

Major findings: Of operations: None
Of autopsy: None

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): No
(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? No (e) Means of injury _____
23. Signature: W. T. Dysart (M. D. or other) M.D.
Address: Columbia Mo. Date signed: 4-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dr. Mo. Health Officer No. 9,
Dr. Vice File Number
Date Filed APR 19 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 Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, M

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.