No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32413

Registration District No. 8 2

Primary Registration District No. 3017

Registrar's No. 149

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE DAY (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME MRS GEORGE HENRY FRIELING Christina
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 MARRIED
6. (b) Name of husband or wife GEORGE HENRY FRIELING
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST 26 - 1873 (Month) (Day) (Year)

8. AGE: Years 75 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME

FATHER
12. Name OTTO SCHMALFELDT
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name PAULINA ARNOLD
15. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GEORGE HENRY FRIELING
(b) Address SPEED - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/31/48 (Month) (Day) (Year)
(c) Place: burial or cremation LONE ELM - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 10-30-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 371

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 28th year 1948 hour 7:15 minute p M.
21. I hereby certify that I attended the deceased from 6-23-47, 19..., to 10-28-48, 19...; that I last saw her alive on 10-28-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic Heart Disease	2+ years

Major findings:
Of operations: none
Of autopsy: none

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

23. Signature B. M. Stewart (M. D. or other) M.D.
Address 325 Main St. Date signed 10-30-48
Boonville, Mo.

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

RECEIVED
District Health Officer No. 8,

District File Number.....
Date Filed 11-5-48

MAR 23 1954

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville - 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.