

REC'D FEB 24 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2782
 Do not use this space.

1. PLACE OF DEATH

(a) County Johnson. Registration District No. 431
 (b) Township Warrensburg. Primary Registration District No. 5588 Registered No. 9
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

666 Forest Douglas Fryrear.
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Single
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1920.

7. AGE YEARS MONTHS DAYS If LESS than 1
18 3 22 day, hrs.
 or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

FATHER 13. NAME Douglas Fryrear.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

MOTHER 15. MAIDEN NAME Bernice Sivils.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT (ADDRESS) Douglas Fryrear.
Warrensburg. MO.

18. BURIAL, CREMATION OR REMOVAL PLACE Sunsethill DATE Jan. 25, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sweeney Phillips.
Warrensburg. MO.

20. FILED Jan 24, 1939 Eva Bentley
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on Sudden, 1939, to....., 19.....
 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

Monoxide gas Poison
Died in parked enclosed automobile

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~substance~~..... Date of injury 1-23-39

Where did injury occur? Johnson Co. Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public by road

Nature of injury Died in enclosed parked car
monoxide gas poison

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) D. J. Bradley, M. D.

(Address) Warrensburg Mo.

CEIVED
District Health Officer No. 8-
District File Number
2/3/39
Filed

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,

R. Q. Phillips

or by

Registered Apprentice No., working under my personal supervision.

Signed

R. Q. Phillips

Licensed Embalmer No.

2320

P. O. Address

Warrensburg, 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.