

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

14409  
 Do not use this space.

14  
 21  
 27  
 1939 MAY 12

**1. PLACE OF DEATH**

(a) County Callaway / Registration District No. 104  
 (b) Township Fulton / Primary Registration District No. 3008  
 (c) City Fulton / (d) Street No. State Hospital #1 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. 3 mos. 12 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 117

**2. PRINT FULL NAME**

(a) Residence, No. 600 Irvin O Fry / Auxvasse Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Irvin O Fry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 DK DK DK

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stock Commissioner  
 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) Callaway County Mo

FATHER 13. NAME A. Fry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER 15. MAIDEN NAME DK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) State Hoop. #1 - Record Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Auxvasse DATE Apr 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen H. Mansin 700 Court St. Fulton, Mo.

20. FILED April 22 1939 R. N. Creoz. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21<sup>st</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 9<sup>th</sup> 1939 to April 21<sup>st</sup> 1939  
 I last saw h. y. alive on April 21<sup>st</sup> 1939 Death is said to have occurred on the date stated above, at 11:00 m. (11:00pm)  
 The principal cause of death and related causes of importance were as follows:

Senility 97  
 Other contributory causes of importance:  
Dehydration  
Malnutrition  
Arteriosclerosis

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, suicide, or homicide? No Date of injury ..... 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify (Signed) Dr. J. W. ..., M. D.  
 (Address) State Hospital #1 Fulton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

*John D. Batchelder*....., Registered Apprentice No. *192*  
working under my personal supervision.

Signed.....

*Glen F. Maupin*  
Licensed Embalmer No. *2725*

P. O. Address.....

*Fulton, 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.**