

S. No. 2
-11-10-39
-5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42803
State File No.

JAN 25 1941

Registration District No. 297

Primary Registration District No. 5-5-3A

Registrar's No.

I. PLACE OF DEATH:

(a) County Jackson Missouri
(b) City or town Jessay Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
A. Jessay Mo
(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) 18 mos. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jessay
(If outside city or town limits, write "RURAL")
(d) Street No. Rt.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Bert E Fry

3. (b) If veteran, name was _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race whit. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Fry 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 6 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Wadding, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business 11 4

12. Name Ammon Fry

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary McAnissey

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Grace Fry
(b) Address Jessay Mo

17. (a) Burial (b) Date thereof Dec 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem.

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence Mo.

19. (a) Dec 11 - 1940 (b) John W. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 4, 1940
Dec 9 to Dec 3, 1940
that I last saw him alive on _____, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Age wound of the head, he had crossed a metal plate into liver and lung and gall bladder
Due to _____

Due to 4/6
Other conditions Coronary sclerosis
(Include pregnancy within 3 months of death) 3 wks

Major findings: with thrombosis of
Of operations: no operation

Of autopsy: above described

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? _____

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While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature John W. Robinson (M. D. or other) _____
Address Independence Mo. Date signed Dec 9, 40

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

MOTHER, FATHER

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Roland J. Jenkins
Licensed Embalmer No. 03604
P. O. Address Independence, 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.