

FILED SEP 9 1941

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
421 NORTH BALL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 28 YEARS 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Wells City
(If outside city or town limits, write "RURAL")
(d) Street No. 421 N. Ball
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

Miss Kathryn Fly

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Fly 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec 22, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Greenfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John J. Roberts
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Anna Weaver
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Fly

(b) Address 421 N. Ball St. City

17. (a) Burial (b) Date thereof Aug 20 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bank Memorial Park

18. (a) Signature of funeral director Wells City, Ind. C.

(b) Address Wells City, Mo.

19. (a) AUG 19, 1941 (b) J. E. Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1941 hour 9:50 minute P. M.

21. I hereby certify that I attended the deceased from AUG 16 1941 to AUG 18 1941
that I last saw h..... alive on AUG 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis - Intestinal Obstruction Duration 2 Days

Due to Carcinomatous metastasis, primary involvement in right breast. eyes.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50 PHYSICIAN
Of autopsy 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)
(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?

While at work? (Specify type of place) (Mans of injury)
25. Signature A. L. Fitchett (M. D. or other)
Address Wells City, Mo Date signed 8/19/41

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

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 *Myself*.

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No. *3.922*

P. O. Address *Webb City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.