No. 2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 15169

Registrar's No. 155

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

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community: 10 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pettis 80

(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 105 E 13 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William H. Fryling

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lois Lelia Fryling

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Mar 18 (Month) 18 (Day) 57 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	28	hr. min.

9. Birthplace: Bucks Co (City, town, or county) / Penn (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Farmer

MOTHER FATHER

12. Name: Isaac Fryling

13. Birthplace: (City, town, or county) / Penn (State or foreign country)

14. Maiden name: Hannah

15. Birthplace: (City, town, or county) / Penn (State or foreign country)

16. (a) Informant: Mrs A B. Monday

(b) Address: 105 E 13

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 17 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Clinton Mo

18. (a) Signature of funeral director: McLaughlin Bros

(b) Address: Sedalia

19. (a) 4/16/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1942 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 3 1942 to 16th 1942 that I last saw him alive on April 15th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia Partial Suppression	1 day
Due to: Chr Myocarditis	?
arteriosclerosis	?
Due to: Senility	
Probable Perforated Gastric Ulcer April 3 1942	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None

Of autopsy: None

PHYSICIAN

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: None

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Jno B. Carlisle M.D. (M. D. or other)

Address: Sedalia Mo Date signed: 4-16-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-18-43

MAR 22 1946

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15169

Registration District No. 668 Primary Registration District No. 3032 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)
In this community

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

3. (a) PRINT FULL NAME: William H. Fryling
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 18 (Day) 1857 (Year)

8. AGE: Years 85 Months — Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 1 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Chr myocarditis	?
Due to: Chr glomerular nephritis	?
Due to: Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 f
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Jno B. Dulle M.D. (M. D. or other)
Address: Sedalia Mo. Date signed 6-3-42