S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1472

Registration District No. 20 Primary Registration District No. 4031 Registrar's No. 24

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Adrian (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years years, months or days)

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

3. (a) PRINT FULL NAME Elizabeth Matilda Fri
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Charles E
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 17 (Day) 1866 (Year)

8. AGE: Years 76 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Hocking Co. (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John O. Kennedy
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sarah A. Parrish
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)
16. (a) Informant Homer O. Fri
(b) Address 5427 Norwood Road, K.C. Kan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill
18. (a) Signature of funeral director Cereath X Six
(b) Address Adrian Mo
19. (a) 12-28-42 (Date received local registrar) (b) Claude A. Six (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1942 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from May 2, 1942, to Dec 26, 1942 that I last saw her alive on Dec 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma Liver	
Due to Secondary to	
Due to Carcinoma Breast.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 50

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 Carter W Luter (M. D. or other) M.D.
Address Bates, Mo Date signed 12/28/42

1299 (Licensed Embalmer's Statement on Reverse Side)

OCT 14 1956

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~~ and Fred T Creath 3343, Registered Apprentice No. ....., working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.