

FILED APR 15 1943

Registration District No. 192

Primary Registration District No. 3026

Registrar's No. 97

1. PLACE OF DEATH:

(a) County: Jackson  
(b) City or town: Independence  
(c) Name of hospital or institution: Independence Sanitarium  
(d) Length of stay: 24 hours  
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson  
(c) City or town: Independence  
(d) Street No.: 2406 Vermont  
(e) Citizen of foreign country? No  
If yes, name country: No

3. (a) PRINT FULL NAME: CHARLES H. FRIES

3. (b) If veteran, name war: None  
3. (c) Social Security No.: 480-10-8664

4. Sex: Male 5. Color or race: White  
6. (b) Name of husband or wife: Virvan F. Fries  
7. Birth date of deceased: June 6 1905

8. AGE: Years: 37 Months: 9 Days: 17  
If less than one day: hr. min.

9. Birthplace: Desden Missouri

10. Usual occupation: Machine Operator

11. Industry or business: Maytag Co. Newton Ia.

12. Name: Henry G. Fries

13. Birthplace: Phillip Missouri

14. Maiden name: Mattie Marie Scherer

15. Birthplace: Lepta Missouri

16. (a) Informant: Virvan F. Fries

(b) Address: Independence Mo.

17. (a) Burial (b) Date thereof: 3/25/43

(c) Place: burial or cremation: Woodlawn Cem

18. (a) Signature of funeral director: Geo. C. Carson

(b) Address: Independence Mo.

19. (a) Mar 23 43 (b) J. M. W. Ross

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 23  
year: 1943 hour: 6 minute: 450 P. M.

21. I hereby certify that I attended the deceased from March 22 1943 to March 23 1943  
that I last saw him alive on March 23 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart disease (presumed) or about  
Due to: 97

Due to: 97

Other conditions: Had about 6 or 8 months ago  
(include pregnancy within 3 months of death)

Major findings: cerebral embolism - of which cause of operation secondary from that

Of autopsy: no autopsy

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature: W. H. Allen (M. D. or other) M.D.  
Address: Independence, Mo. Date signed: 3/24/43

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

48  
9  
4

48  
4

MOTHER FATHER

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

Signed..... *Frank H. Hill* .....  
Licensed Embalmer No..... *2467* .....  
P. O. Address..... *Indep. 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.**