V. S. No. 2
100M—2-43
Re 3-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 30 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28466

Registration District No. 156 / Primary Registration District No. 2001 / Registrar's No. 450

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 523 N. Mineral
(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: 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 523 N. Mineral
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mary Ellen Newman Fry
3. (b) If veteran, name war: * * *
3. (c) Social Security No.: * * *
4. Sex: Fem
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Sarah Frey
6. (c) Age of husband or wife if alive: ____ years
7. Birth date of deceased: May 12, 1854 (Month) (Day) (Year)

8. AGE: Years 89 | Months 2 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: retired
11. Industry or business: ____
FATHER 12. Name: Joseph Lance
FATHER 13. Birthplace: Indiana (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No record
MOTHER 15. Birthplace: No record (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Cora Sigars
(b) Address: 523 N. Mineral, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cem.
18. (a) Signature of funeral director: Hurlbut Und. Co.
(b) Address: Joplin, Mo.
19. (a) 8-9-43 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1943 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from Dec 1942, 19__ to Aug 6, 1943, that I last saw her alive on Aug 5, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	3 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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: S. H. Gerlauer (M. D. or other)
Address: Joplin Mo Date signed 8-9-43

1204 (Licensed Embalmer's Statement on Reverse Side)

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

43-7-699

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 Perry K Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.