. No. 2
M—2-43
5-17-39

FILED NOV 5 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35303

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 39

68
2
0

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether In this community 15yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 068
(c) City or town Tipton (If outside city or town limits, write "RURAL") 2
(d) Street No. No street numbers (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native 0

3. (a) PRINT FULL NAME Wm H. J. Friday
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Carrie Elizabeth Friday
6. (c) Age of husband or wife if alive Deceeased
7. Birth date of deceased September (Month), 18th (Day), 1878 (Year)

8. AGE: Years 65 Months 0 Days 21 If less than one day hr. min.

9. Birthplace Bancoton (City, town, or county), Missouri (State or foreign country) 0
10. Usual occupation Interior Decorator
11. Industry or business --
FATHER
12. Name Phillip Friday
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Sarah Arnold
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs. Lero Ferguson
(b) Address Tipton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksburg, Masonic Cemetery
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.
19. (a) Oct 10/43 (Date received local registrar) (b) Mrs. Lero Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th year 1943 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from October 8th, 1943, to October 9th, 1943 that I last saw him alive on Oct. 8, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Coronary Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 J. F. Potts (M. D. or other) XXXXX
Address Tipton, Mo. Date signed 10-9-43

(Licensed Embalmer's Statement on Reverse Side)

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 a~~ me

.....Registered Apprentice No.....

working under my personal supervision.

Signed. James E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.