S. No. 2
M—8-43
5-17-39
I X37823

6070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 449 Primary Registration District No. 1002 Registrar's No. 990

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

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514 Tullis, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 2 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 514 Tullis,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME Thomas E. Frye,
3. (b) If veteran, name war no.
3. (c) Social Security No. none

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Agnes Bollin Frye
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May (Month) 10 (Day) 1870 (Year)

8. AGE: Years 73 Months 9 Days ~~22~~ 21 If less than one day hr. min.

9. Birthplace Ohio (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Stephen Frye,
13. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown,
15. Birthplace unknown, 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Agnes Bollin Frye,
(b) Address 514 Tullis, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Missouri
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 3-2-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1944 hour 10:15 minute a. M.
21. I hereby certify that I attended the deceased from May, 1943, to March, 1944 that I last saw him alive on February 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia — Duration 10 min.

Due to Cardiac Decompensation 1 yr.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 2
Of autopsy 95c

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 9

23. Signature C. L. Anderson ~~(M. D. or other)~~ D.O.
Address 2433 Independence Ave. Date signed 3-2-44

361 (Licensed Embalmer's Statement on Reverse Side)

C.S. 619 Hayward

at Dr. Anderson

Clerk

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 John H. Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City, 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.