

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1599

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:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether)

In this community 20 yrs  
years, months or days

3. (a) PRINT FULL NAME James P. Fryman

3. (b) If veteran, name war 1205

3. (c) Social Security No. 1205

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Fryman

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar. 24 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>11</u>	hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired City

11. Industry or business Employer

12. Name Thomas J. Fryman

13. Birthplace Ohio 1  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John McNeven

(b) Address 3104 Broadway

17. (a) Burial (b) Date thereof Apr. 11 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mr. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 4-11-44 (b) H. C. Brown  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 1424 Jefferson  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1944 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 5, 1944, to April 9, 1944,  
that I last saw him alive on April 9, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to .....

Due to .....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations None

Of autopsy None

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?.....

While at work? 0 (Specify type of place)

Means of injury Med. Dir. M. D.

23. Signature A. E. Washer (M. D. or other)  
Address Gen'l Hosp 23 M. Co. Date signed 4-10-44

**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 Thomas A. Redman

Licensed Embalmer No. 2737

P. O. Address Albino

**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.