

S. No. 2
OM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12424**

FILED APR 14 1944
Registration District No. **366**

Primary Registration District No. **625714536**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Potosi *Benton*

(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Washington

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Gary Wayne Fryman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1944 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Spent

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1944
(Month) (Day) (Year)

Immediate cause of death meningitis

Due to followed

Due to strep infection

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

8. AGE: Years _____ Months 6 Days _____ If less than one day _____ hr. _____ min.

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

Major findings: 8/1a

Of operations _____

Of autopsy _____

10. Usual occupation _____

11. Industry or business _____

12. Name Garret Fryman

13. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Stella D. Akers

15. Birthplace Dixon Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Garret Fryman

(b) Address Potosi Mo.

**17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-44
(Month) (Day) (Year)**

(c) Place: burial or cremation Potosi Mo.

18. (a) Signature of funeral director C. D. Sparks

(b) Address Potosi Mo.

19. (a) 3-26-1944 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

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 J. F. Curdwell (M. D. or other) _____

Address Potosi Mo. Date 4/14/44

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RECEIVED

District Health Officer No. 4
District File Number 444-3726
Date Filed 4-13-44

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

Everett Smith
.....
Licensed Embalmer No. 4287

P. O. Address 1st River No

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.