DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17973

Registration District No. 114 Primary Registration District No. 5432 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Staunton Meramec Tp

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home near Staunton

(If not in hospital or institution, write street number or location)

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

In this community Life

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Staunton Rural 0

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

(d) Street No. near Staunton

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Jane Fryer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife Jesse Fryer

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

7. Birth date of deceased 3 (Month) 29 (Day) 1857 (Year)

8. AGE: Years 87 Months Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hendricks
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Phoebe Armistead
15. Birthplace — (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Mrs Judah Meyers

(b) Address Pacific Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 9-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hendricks Cem Staunton

18. (a) Signature of funeral director Casey & Lenox Mo

(b) Address St. Clair Mo

19. (a) 4-8-44 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 6 year 1944 hour 3 minute 50 p.M.

21. I hereby certify that I attended the deceased from April 3, 1944, to April 6, 1944 that I last saw her alive on April 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to sclerosis

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration: 3 days

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 O A Proctor (M. D. or other)

Address Sullivan Mo Date signed 4/7/44

1121

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-15-44

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 Jno. L. Shelber

Licensed Embalmer No. 3008

P. O. Address. Pacific M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.