

FILED MAY 17 1944 12 4

Primary Registration District No. 5459

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

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Bois D'Arc, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Bois D'Arc, Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Bois D'Arc, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Thomas Pearson Frye

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Effie Frye 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased November 2, 1863
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 5 19 hr. min.

9. Birthplace Wood County, Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer
On Farm

11. Industry or business _____

12. Name Andrew Frye

13. Birthplace Unknown Pennsylvania
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Null

15. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Frye

(b) Address Bois D'Arc, Missouri

17. (a) Burial (b) Date thereof April 23, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yeakley Chapel

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) April 23/1944 (b) Jewell Williams
 (Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 21,
 1944 year. hour 8:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2/15/44

1944 to _____ 1944;
 that I last saw him alive on about 4/1/44 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (of liver?) Duration 5 m

Due to _____

Due to _____

Other conditions 46 f
 (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. B. Lemmon (M. D. or other) M.D.

Address Springfield, Mo. Date signed 4/24/44

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RECEIVED

Greene County Health Office

County File Number 44-5-29

Date Filed 5-18-44

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 Keith Collier
Licensed Embalmer No. 3632
P. O. Address Springfield, 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.