S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22346

Registration District No. 382 Primary Registration District No. 6042 Registrar's No. 1490

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: Warner twp County Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91

(c) City or town Naylor 0
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME James R. Fry

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 14. (Day) 1868 (Year)

8. AGE: Years 75 Months 11 Days 4 If less than one day hr. min.

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

10. Usual occupation farming

11. Industry or business

FATHER
12. Name Andrew J. Fry
13. Birthplace (City, town, or county) Indiana (State or foreign country)

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

16. (a) Informant Mary Alice Roberts
(b) Address Doniphan Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18. 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Union cent.

18. (a) Signature of funeral director Black's Mortuary
(b) Address Doniphan Mo.

19. (a) July-1-44 (Date received local registrar) (b) Bertha White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1, 1944, to June 18, 1944 that I last saw him alive on June 1, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial degeneration	
Due to Edema following	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy no	

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 H. E. White (M. D. or other) MD

Address Naylor Date signed 6/26/44

1217

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 744371
Date Filed 7-5-44

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 Not Embalmed, Registered Apprentice No.....,
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.