

FILED AUG 12 1944

State File No. _____

Registration District No. 47

Primary Registration District No. 3172

Registrar's No. 243

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Rural Shamrock, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 4 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Callaway 14
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. I mile North Shamrock Mo 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John C. Fry
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 25
 year 1944 hour 2 minute 50 a.m.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Ida Fry (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 1 st 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 14 1944, to July 27 1944
 that I last saw him alive on July 14 1944 and that death occurred on the date and hour stated above. 44
 Immediate cause of death Chronic suppurative and myocardial degeneration 44
inflammatory character 44
 Due to _____ 44
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 93d
 Of operations _____
 Of autopsy _____

9. Birthplace Columbus Ohio (City, town, or county) (State or foreign country) 1
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name John Fry
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4
 14. Maiden name Wields
 15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

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? Co

16. (a) Informant Charles Fry
 (b) Address Monroia Mo
 17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 7-27-44 (Month) (Day) (Year)
 (c) Place: burial or cremation High Point Callaway Co

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature J. W. Hopkins (M. D. or other) 1/26/44
 Address Montgomery City Mo Date signed 7/26/44

18. (a) Signature of funeral director C. W. Hopkins
 (b) Address Montgomery City Mo
 19. (a) 7-26-1944 (Date received local registrar) (b) Joan M. M...hoff (Registrar's signature)

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

1400

MOTHER FATHER

1147

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 8-10-44

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 on the 25 th
day of July 1944....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487.....

P. O. Address Montgomery City 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.