

FILED OCT 23 1944

Registration District No. 235

Primary Registration District No. 5-874

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Alton King Twp. Rural
(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)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Alton (Rural)
(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 _____

3. (a) PRINT FULL NAME George Albert McFry

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

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

6. (b) Name of husband or wife Edith Blackburn 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb. 2, 1886
(Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William J. McFry

13. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Harrison

15. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mit McFry

(b) Address Alton, Mo.

17. (a) Burial (b) Date thereof 7/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Mo.

18. (a) Signature of funeral director Lio Carr

(b) Address Thayer, Mo.

19. (a) 1944 (b) Thayer, Mo.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1944 hour 8 minute 00 P. M.

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

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

Immediate cause of death Intentional gunshot wound in head

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1640

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) Suicide

(b) Date of occurrence 7-10-44

(c) Where did injury occur? Oregon, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Lio Carr (M. D. or other) 3

Address Thayer, Mo. Date signed 7/10/44
Cover

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

MOTHER FATHER

0057

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.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31418

Registration District No. 255 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Rural Oregon
(b) City or town Rural Oregon
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (c) PRINT FULL NAME

George A. McJury

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

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

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

7. Birth date of deceased Feb 2 (Month) (Day) (Year)

8. AGE: Years 58 Months 5 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 920-EE (b) Henry W. Tele...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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

20. DATE OF DEATH: Month July day 10 year 1948 hour _____ minute _____ M.

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

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTAL

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for ensuring transparency and accountability in financial operations. This section also highlights the role of internal controls in preventing fraud and errors.

2. The second part of the document focuses on the implementation of robust risk management strategies. It outlines various risk assessment techniques and provides guidance on how to identify, measure, and mitigate potential risks. The text stresses the need for a proactive approach to risk management to protect the organization's assets and reputation.

3. The third part of the document addresses the importance of effective communication and reporting. It discusses the need for clear and concise communication channels and the role of regular reporting in keeping stakeholders informed. This section also touches upon the importance of transparency in financial reporting and the impact of disclosure on investor confidence.

4. The fourth part of the document discusses the role of technology in modern financial operations. It explores how digital tools and automation can streamline processes, reduce costs, and improve efficiency. The text also highlights the importance of cybersecurity measures to protect sensitive financial data from unauthorized access and breaches.

5. The fifth part of the document discusses the importance of staying up-to-date with regulatory changes and industry trends. It emphasizes the need for continuous monitoring and adaptation to ensure compliance with evolving regulations. This section also touches upon the importance of staying informed about market developments and their potential impact on the organization's performance.

6. The sixth part of the document discusses the importance of maintaining strong relationships with key stakeholders, including investors, creditors, and regulatory bodies. It emphasizes the need for open communication and transparency in all interactions. This section also touches upon the importance of building trust and credibility through consistent and accurate reporting.

7. The seventh part of the document discusses the importance of having a clear and concise mission statement and strategic vision. It emphasizes the need for a well-defined purpose and direction to guide the organization's activities. This section also touches upon the importance of aligning all operations and decisions with the organization's overall goals and objectives.

8. The eighth part of the document discusses the importance of having a strong and resilient organizational culture. It emphasizes the need for a culture of integrity, honesty, and ethical behavior. This section also touches upon the importance of fostering a sense of ownership and responsibility among all employees to ensure the organization's long-term success.

9. The ninth part of the document discusses the importance of having a clear and concise exit strategy. It emphasizes the need for a well-defined plan for the future, including options for growth, expansion, or divestiture. This section also touches upon the importance of having a clear understanding of the organization's value and potential to facilitate a smooth exit process.

10. The tenth part of the document discusses the importance of having a strong and resilient financial foundation. It emphasizes the need for a solid balance sheet, healthy cash flow, and prudent financial management. This section also touches upon the importance of having a clear understanding of the organization's financial position and the ability to adapt to changing market conditions.