DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1944

Registration District No. 2595

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-874

State File No. 31418

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County: Oregon

(b) City or town: Alton King Twsp. 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 years, months or days)

In this community: 58 years

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 0

5. Color or race: White 1

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. (Month) 2 (Day) 1886 (Year)

8. AGE:

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

9. Birthplace: Jefferson County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER

12. Name: William J. McFry

13. Birthplace: Jefferson County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER

14. Maiden name: Lizzie Harrison

15. Birthplace: Jefferson County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mit McFry

(b) Address: Alton, Mo.

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

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

18. (a) Signature of funeral director: Leo Carr

(b) Address: Thayer, Mo.

19. (a) 2-10-1944 (Date received local registrar) (b) Henry W. Williams (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 h... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intentional Gunshot wound in heart	
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): 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. (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Leo Carr (M. D. or other)

Address: Thayer Mo. Date signed: 7/10-44

Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

Form 2B
DM—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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 Oregon
(b) City or town Rural Alice Free
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME George A. McFry
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 1886 (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-10-48 (Date received local registrar) (b) Henry M. Wheeler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1948 hour about minute 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.

	Duration
Immediate cause of death	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY