No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1945

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 40928

Registration District No. 73 | Primary Registration District No. 5290 | Registrar's No. 118

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

**1. PLACE OF DEATH:**
(a) County: Clay
(b) City or town: Kearney, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kearney
(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: years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Clay 24
(c) City or town: Kearney Rural
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: LUKE FRICK
3. (b) If veteran, name war:
3. (c) Social Security No.: No

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of ~~husband~~ or wife: Nellie
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Sept (Month) 6 (Day) 1879 (Year)

8. AGE: Years 65 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace: Clay Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: Carl Frick
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Rebekah Petty
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Carl Frick.
(b) Address: Kearney, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Arley Cemetary
18. (a) Signature of funeral director: Leonard Fry
(b) Address: Kearney
19. (a) Dec 19-44 (Date received local registrar) Helen Early (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 17 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Nov 1, 1944, to Dec 17, 1944; that I last saw him alive on Dec 17, 1944; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemiplegia, R. | 7 da |
| Due to: Hypertension, ~~Sect~~ | Indef |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 8 3d | |
| 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: Glenn W. Hudson (M. D. ~~or other~~)
Address: Liberty, Mo Date signed 12/20/44

926 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-45

## 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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**