

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED FEB 9 1945

Registration District No. **327** Primary Registration District No. **5110** Registrar's No. **51**

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

Completed.

1. PLACE OF DEATH
 (a) County Ballinger
 (b) City or town Rural, Fillmore
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DP. 40
 (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 1 years, months or days) (Specify whether

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

3. (a) PRINT FULL NAME BETTY IRENE FRYMIRE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Infant
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 11 1944
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
9 8 _____ hr. _____ min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 19th year 1945 hour 10 minute 10 P.M.
 21. I hereby certify that I attended the deceased from Jan 19th 1945 to Jan 19th 1945
 that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
 Due to _____
 Due to _____
 Other conditions 10
 (Include pregnancy within 3 months of death)

9. Birthplace Ballinger Co. Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____
 MOTHER FATHER { 12. Name Jessy Frymire
 { 13. Birthplace Marston Mo. 0
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Velma Harris
 { 15. Birthplace Grassy Mo. 0
 (City, town, or county) (State or foreign country)
 16. (a) Informant Jessy Frymire
 (b) Address Grassy, Mo.
 17. (a) Burial (b) Date thereof Jan 21 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation upper Grassy Cem.
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 1/25/45 (b) Mrs. Geneva Graham
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____
 22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) No
 (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 W. S. Jumper (M. D. or other)
 Address Marionville Mo. Date signed 1/25/45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

1063

RECEIVED

District Health Officer No. 4

District File Number 245-201

Date Filed 2-7-45

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.....

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.