S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12623

State File No.

FILED MAY 14 1945

Registration District No. 1945

Primary Registration District No. 3000

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laughlin D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community Davis Co Ia - her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Davis 997

(c) City or town Rural - near Stiles
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mary Frady

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ Arthur Frady

6. (c) Age of husband or ~~wife~~ if alive 71 years

7. Birth date of deceased June (Month) 7 (Day) 1884 (Year)

8. AGE: Years 60 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Farming

FATHER
12. Name John Yahnke
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Merle F. Frady
(b) Address Greenbelt, Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 45 (Month) (Day) (Year)
(c) Place: burial or cremation IOOF - Bloomfield Ia

18. (a) Signature of funeral director CCCurl
(b) Address Bloomfield Ia

19. (a) 4-25-45 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1945 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from April 12, 1945, to April 25, 1945; that I last saw her alive on April 25, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Myocardial degeneration	
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 Earl Laughlin Jr (M. D. or other) D.O.
Address Kirksville, Mo Date signed 5-1-45

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1945

RECEIVED
District Health Officer No. 10
District File Number 5-45-844
Date Filed MAY 10 1945

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 C C Curl

Licensed Embalmer No. 1973

P. O. Address Bloomfield Iowa

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.