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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27696

Registrar's No. 3424

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen. Hospital # 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2713 Holly 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: David Frye
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male O
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 1, (Day) 1947 (Year)
8. AGE: Years | Months: 3 | Days: 10 | If less than one day: hr. min.
9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country) O
10. Usual occupation: none
11. Industry or business:
FATHER
12. Name: Jewell Frye
13. Birthplace: Lewis Station (City, town, or county) Missouri (State or foreign country) O
MOTHER
14. Maiden name: Clara Stapleton
15. Birthplace: Gallaton (City, town, or county) Missouri (State or foreign country) O
16. (a) Informant: Jewell Frye
(b) Address: 2713 Holly
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood, Clinton, Mo.
18. (a) Signature of funeral director: Fred Wilkinson
(b) Address: Clinton, Mo.
19. (a) 8-11-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: August day: 11 year: 1947 hour: 3 minute: 50A. M.
21. I hereby certify that I attended the deceased from July 22, 1947 to Aug. 11, 1947 that I last saw him alive on Aug. 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Athrepsia	
Due to: Celiac disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Lab	
Of autopsy: none	

PHYSICIAN
Underline the cause of 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: O
23. Signature: Blaine Zook Hetland (M. D. or other)
Address: Critz & McDowell KC Mo Date signed: 8-11-47

Jefferson City Printing Co.
(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.

WRITE PLAINLY—USING UNFADING I

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

10. Usual occupation ..... None

11. Industry or business .....

FATHER
12. Name ..... Jewell Frye
13. Birthplace ..... Lewis Station Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ..... Clara Stapleton
15. Birthplace ..... Galliton Mo (City, town, or county) (State or foreign country)

16. (a) Informant ..... Jewell Frye
(b) Address ..... 1713 Holly K C Mo

17. (a) ..... Burial (Burial, cremation, or removal) (b) Date thereof ..... 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation ..... Clinton Englewood

18. (a) Signature of funeral director ..... Fred Wilkinson
(b) Address ..... Clinton Mo

19. (a) 8-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

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

Major findings:
Of operations .....

Of autopsy ..... None

PHYSICIAN

Underline the cause of 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 ..... Wm. W. Hart (M. D. or other) MD
Address ..... Med. Dir. Gen'l Hosp. Date signed 8-11-47

Jefferson City Printing Co. (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 Fred W Ulrenson

Licensed Embalmer No. 2478

P. O. Address Clinton Mo.

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.