No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 20 1948

Registration District No. 1049

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8698
Registrar's No. 1122

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: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days (Specify whether years, months or days)
In this community: 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchannon
(c) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 2607 So 12th st.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Russell Milton STANLEY Fries.
3. (b) If veteran, name war: — no
3. (c) Social Security No.: none
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: —
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: Feb (Month) 22 (Day) 1948 (Year)
8. AGE: Years | Months | Days 20 | If less than one day hr. min.
9. Birthplace: K.C. St Joseph ~~Hospital~~ (City, town, or county) Mo (State or foreign country)
10. Usual occupation: — infant
11. Industry or business:
FATHER
12. Name: Russell Fries.
13. Birthplace: Skidmore, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Othella Pruitt.
15. Birthplace: Bolckow, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: K Windler R.N.
(b) Address: Children Mercy Hosp.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dairfax mo.
18. (a) Signature of funeral director: Schooler Funeral Home
(b) Address: Dairfax mo
19. (a) 3-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 12th year 1948 hour 4 minute 20 A.M.
21. I hereby certify that I attended the deceased from Feb 29th 1948 to March 12th 1948 that I last saw him alive on March 12th 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Confluent Bronchopneumonia — Duration
Peritonitis
Due to: Tracheaesophageal Fistula (Congenital)
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 1578
Of autopsy: Pneumonia, Peritonitis, Tracheaesophageal Fistula

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: 0
23. Signature: C. H. Smith (M. D. ~~or other~~)
Address: St Luke's Hosp. K.C. Mo. Date signed: 3-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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.**