

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8699

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1346

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

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: 40th. & Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME JOHN B. FRYER

3. (b) If veteran name war World War II

3. (c) Social Security No. 487-01-8655

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Helen Fryer

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased January 10th. 1914  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>2</u>	<u>16</u>	hr. min.

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

10. Usual occupation Salesman

11. Industry or business Creamery Package Company

12. Name John L. Fryer

13. Birthplace Germantown, Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Carina Cooke

15. Birthplace South Sodus, N. Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Favreau

(b) Address 5411 Baltimore Ave.

17. (a) burial (b) Date thereof Mar. 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Leavenworth, Ks.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 42nd. St. & Mill Creek Pkwy.

19. (a) 3-27-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 7947 Euclid Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26  
year 1948 hour 1:00 minute 0 M.

21. I hereby certify that I attended the deceased from Coron, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture

Due to \_\_\_\_\_

Due to (Auto hit safety island)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 170C-8

Of autopsy no

History + Injection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 3-26-48

(c) Where did injury occur? 100 Jackson St.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

While at work? no (Specify type of place) (e) Means of injury Auto Train

23. Signature Jacob C. Miller (M. D. or other) Coron

Address 1424 1/2 St. N.W. Date signed 3-26-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

---

---

**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.**