FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1949
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 910
Registrar's No. 1157

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 2 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ~~Greene~~ WRIGHT 112 3
(c) City or town MANSFIELD (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

3. (a) PRINT FULL NAME Bertie Mae Fry
3. (b) If veteran, name war NONE
3. (c) Social Security No. None
4. Sex Female
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 April (Month) 29 (Day) 1922 (Year)

8. AGE: Years 27 Months 8 Days 8 If less than one day hr. min.

9. Birthplace MANSFIELD (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation House hold Domestic
11. Industry or business None
FATHER
12. Name Wesley W. Fry
13. Birthplace MANSFIELD (City, town, or county) MO (State or foreign country)
MOTHER
14. Maiden name Virgie Dennis
15. Birthplace MANSFIELD (City, town, or county) MO (State or foreign country)
16. (a) Informant Wesley W. Fry
(b) Address MANSFIELD MO.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof JAN 7-49 (Month) (Day) (Year)
(c) Place: burial or cremation MANSFIELD MO
18. (a) Signature of funeral director G.A. Steffe
(b) Address MANSFIELD MO
19. (a) 1-7-49 (Date received local registrar) (b) W.E. Handley WD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7 year 1949 hour 9 minute 50 A M.
21. I hereby certify that I attended the deceased from Jan 5 1949, to Jan 7 1949; that I last saw her alive on Jan 7 1949; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure (arrest)
Due to Recovery from Cyclopropane anesthesia
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations Adenoma right lobe of thyroid
Of autopsy No autopsy

Duration

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 G.C. Farrell (M. D. ~~or other~~)
Address Springfield Mo Date signed Jan 7 1949

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1949

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.