

State File No. **18272**

FILED JUN 9 1949

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

BIRTH NO.	REG. DIST. NO. 323	PRIMARY REG. DIST. NO. 4774	Registrar's No. 19
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Swanton Springs</u>	c. LENGTH OF STAY (in this place) <u>33 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL SALT POND TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W.T.E. Hospital</u>	e. STREET ADDRESS <u>SOUTH EDGE of TOWNSHIP</u>		
3. NAME OF DECEASED (Type or Print) <u>HARRY</u>		f. (First)	g. (Middle) <u>FRIEDLY</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	8. DATE OF BIRTH <u>MARCH 18, 1893</u>	9. AGE (In years last birthday) <u>56</u> 2 <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Factory Emp.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MTG - SHOES</u>	11. BIRTHPLACE (State or foreign country) <u>Quincy, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>G.D. FRIEDLY</u>	13b. MOTHER'S MAIDEN NAME <u>CORDELLA BEATY</u>	14. NAME OF HUSBAND OR WIFE <u>LEOLA FRIEDLY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-01-3743</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Friedly</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Septic ulcer</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept</u> , 19 <u>47</u> , to <u>May</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 25</u> , 19 <u>49</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph A. Doyle M.D.</u>	23b. ADDRESS <u>Swanton Springs, Mo</u>	23c. DATE SIGNED <u>May 28, 49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 30, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT Zion Cemetery Swanton Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
DATE REC'D BY LOCAL REG. <u>5/31/49</u>	REGISTERAR'S SIGNATURE <u>Dolly Andrews</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.C. Carter</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

to Filed 6-8-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Licensed Embalmer No. 3513

P. O. Address San Francisco, Cal.

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.