

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 9 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25050

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 152

1. PLACE OF DEATH: Henry  
(a) County Henry  
(b) City or town Clinton Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gary Dale Frye  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social security No. \_\_\_\_\_

4. Sex male 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 Dec 31 1941  
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Ernest Frye  
13. Birthplace Woodland Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Walter Anderson  
15. Birthplace Calhoun Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernest Frye  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 7-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brownston Mo

18. (a) Signature of funeral director Consolus Beck  
(b) Address Clinton Mo  
19. (a) July 27 1943 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 42  
(a) State Mo (b) County Henry  
(c) City or town Clinton Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. P.R. #6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 43 hour 6 minute 0 M.  
21. I hereby certify that I attended the deceased from 7/24, 1943, to 7/25, 1943  
that I last saw him alive on 7/24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum Duration 26 hr  
Due to \_\_\_\_\_  
Due to 119a  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations None  
Of autopsy None

PHYSICIAN  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature W.C. DeLoe (M. D. or other) W.C. DeLoe  
Address Clinton Mo Date signed 7/27/43

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

RECEIVED

District Health Officer No. 7,

District File Number

7-43-789  
8-6-43

Date Filed

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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

*J. E. Consoled*

Licensed Embalmer No.....

1891

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.**