

FILED JAN 7 1944
Registration District No. **7344**

Primary Registration District No. **3012**

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

1. PLACE OF DEATH:

(a) County **Clay**
 (b) City or town **Excelsior Springs Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
So Marrietta Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **8 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN FRY**

3. (b) If veteran, name war _____
 3. (c) Social Security No. **492-26-2352**

4. Sex **Male** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Clementine Fry**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sept 8 1874**
(Month) (Day) (Year)

8. AGE: Years **69** Months **3** Days **3**
 If less than one day _____ hr. _____ min.

9. Birthplace **Berarb Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sam Fry**
 13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
 14. Maiden name **Meredith Conklin**
 15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lucy Towne**

(b) Address **Cougill Mo**

17. (a) **Removal** (b) Date thereof **12-12-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Herbert Hope**

(b) Address **Excelsior Springs Mo**

19. (a) **12-12-43** (b) **Mrs Sadie Redman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Ray**
 (c) City or town **Cougill**
(If outside the 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **11** year **1943** hour **8:30** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him/her alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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) **Coronary Thrombosis**

(b) Date of occurrence **12-11-43**

(c) Where did injury occur? **So. Marrietta St. Excelsior Springs Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public St.
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **R.W. Prasher** (M. D. or other) _____

Address **Excelsior Springs, Mo** Date signed **12/14/43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-6-44

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. A. Molen*.....

Licensed Embalmer No. *3296*.....

P. O. Address *Epelston Springs, 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.