

FILED JUL 15 1940 19  
Registration District No. 219

Primary Registration District No. 5299

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Tipton (Rural) Kelley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Tipton Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural Rt. #2 (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th.  
year: 1940 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 5-5-40  
\_\_\_\_\_ 19\_\_\_\_, to 6-5-40 19\_\_\_\_

that I last saw her alive on 6-5-40 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Creeping Paralysis

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

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

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Norman (M. D. or other) \_\_\_\_\_

Address Tipton Mo Date signed 6-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Elizabeth Bryan Fry 600

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 Married

6. (b) Name of husband or wife Elmer L. Fry 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: April 28 1896  
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name A. J. Richey

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

14. Maiden name Rowena D. Woods

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer L. Fry

(b) Address Tipton Mo, Rt # 2

17. (a) Burial (b) Date thereof 6-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director Jewell E. Richards

(b) Address Tipton Mo

19. (a) 6-8-40 (b) Arden Whitaker  
(Date received local registrar) (Registrar's signature)

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

Date Filed 7-9-40  
District File Number  
District Health Officer No. 8  
RECEIVED

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jessie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Lipton, 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, above space should be left blank.**