

FILLED DEC 19 1941

Registration District No. _____

Primary Registration District No. 1Registrar's No. 317

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Berkeley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Trim Smith Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 hours
 (Specify whether
 In this community Born in Berkeley Co
 years, months or days)

3. (a) PRINT FULL NAME EDWYNA FRADY3. (b) If veteran, name war 0 3. (c) Social Security No. 04. Sex FE! 5. Color or race Wh 6. (a) Single, widowed, married, divorced S U6. (b) Name of husband or wife 0 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept 7 1924
(Month) (Day) (Year)8. AGE: Years 12 Months 2 Days 6 If less than one day 0 hr. 0 min.9. Birthplace Berkeley Co Mo
(City, town, or county) (State or foreign country)10. Usual occupation Student

11. Industry or business _____

12. Name Harvey Frady 0 Mo13. Birthplace Berkeley 0 Mo
(City, town, or county) (State or foreign country)14. Maiden name Hena Martin15. Birthplace Berkeley Co Mo
(City, town, or county) (State or foreign country)16. (a) Informant Miss Clarence Martin(b) Address Berkeley Co Mo17. (a) Burial (b) Date thereof Nov. 14/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lancaster, Mo18. (a) Signature of funeral director P. O. Fenton(b) Address Lancaster, Mo19. (a) Nov. 13/41 (b) Spencer E. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Berkeley
 (c) City or town Lancaster (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1941 hour 9 minute 37 a M.21. I hereby certify that I attended the deceased from Nov 13
1941, to Nov 13, 1941;that I last saw her alive on Nov 13, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Pneumonia Duration _____Due to Streptococcus

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Of operations None doneOf autopsy not done

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 023. Signature E. S. Smith (M. D. or other) _____Address Berkeley Date signed 11/13/41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2088

Date Filed DEC 3 1941

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.....

P. O. Fenton

Licensed Embalmer No.....

3795

P. O. Address.....

Lancaster

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above:

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37665

Registration District No. 1

Primary Registration District No. 1

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Hubersville
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Clayna Brady
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 7 (Month) (Day) (Year)

8. AGE: Years 12 Months 3 Days 6 (If less than one day, min.)

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1941 year 12 hour 3 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw _____ die on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Septic pneumonia
Septic focus - bronchial
Due to General Septic. embolism
Due to infected area (blister) on left heel pressure of
Other conditions from all falling shoe
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations 24a
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 E. Sanborn Smith (M. D. or other) _____
Address Hubersville Date signed 18/41

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

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that without clear documentation, it becomes difficult to track expenses and revenues, which can lead to misunderstandings and disputes.

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools and software solutions have revolutionized the way data is stored and accessed. These technologies not only streamline the process but also reduce the risk of human error and data loss. The document suggests that organizations should invest in reliable digital systems to ensure their records are secure and easily retrievable.

3. The third part of the document addresses the legal and regulatory requirements surrounding record-keeping. It outlines various laws and standards that govern how records must be maintained, stored, and disposed of. Compliance with these regulations is crucial to avoid legal penalties and ensure the integrity of the organization's data. The text provides a brief overview of key regulatory frameworks and offers practical advice on how to stay up-to-date with changing requirements.

4. The final section discusses the importance of regular audits and reviews of records. It explains that periodic audits help identify any discrepancies or areas where records may be incomplete or inaccurate. This process is vital for maintaining the overall health and accuracy of the organization's data. The document recommends implementing a structured audit schedule and involving relevant stakeholders to ensure thorough and effective reviews.