

13-40
17-39
X23159

State File No. _____

DEC 12 1941

Registration District No. 207

Primary Registration District No. 4125

Registrar's No. 29-38

1. PLACE OF DEATH

(a) County Clinton

(b) City or town Plattsburg 3UM
(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 _____ (Specify whether)

In this community 65 yrs.
years, months or days (Specify whether)

3. (a) PRINT FULL NAME MANOR FRY

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 10 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>12</u>	hr. _____ min. _____

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

10. Usual occupation merchant (retail)

11. Industry or business _____

12. Name Lige Fry

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

14. Maiden name Folly Ann Brasfield

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

16. (a) Informant Mrs Gladys Calvert

(b) Address Lathrop mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 41
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Plattsburg

18. (a) Signature of funeral director O'Brien Fry

(b) Address Plattsburg Mo.

19. (a) Nov 24-41 (b) Bessie Chatham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1941 hour 10 minute 45 PM.

21. I hereby certify that I attended the deceased from April, 1940, to Nov-22, 1941;
that I last saw him alive on Nov 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Duration 1 240

Due to Atherosclerosis 1840

Due to _____

Other conditions 90
(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) _____

(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) Means of injury D

23. Signature W. Steckman (M. D. or other) U

Address Plattsburg Date signed 11-24-41

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

MOTHER FATHER

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 Warrall D. Lyon
Licensed Embalmer No. 3640
P. O. Address Plattsburg N.Y.

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

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