

Registration District No. 17Primary Registration District No. 5026Registrar's No. 41

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Clarkburg
(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 57 Years. (Specify whetherIn this community 57 Years.
years, months or days)3. (a) PRINT FULL NAME Joseph Fries

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, Widowed6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, 14th years7. Birth date of deceased: Jan. (Month) 14th (Day) 1859 (Year)8. AGE: Years 83 Months 10 Days 19 If less than one day
..... hr. min.9. Birthplace Sullivan Co. N.Y.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer.

11. Industry or business

12. Name George Fries.13. Birthplace Germany. 414. Maiden name Minnie Buntz. 415. Birthplace Germany. 416. (a) Informant Mrs. James Bowne(b) Address Fairfax. Mo.17. (a) Burial (b) Date thereof Dec. 6/42.(Burial, cremation, or removal) New Liberty Cemetery

(c) Place: burial or cremation

18. (a) Signature of funeral director W.H. Crawford(b) Address Mound City. Mo.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Atchison. 3(c) City or town Rural. 0

(If outside 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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 3rd. 3rd.
1942. 4 O'clock day 45
year..... hour..... minute..... M.21. I hereby certify that I attended the deceased from Dec. 1
1942, to Dec. 3 1942that I last saw him alive on Dec. 3 1942:
and that death occurred on the date and hour stated above.

Immediate cause of death

apoplexy
acute pulmonary 3 days
edema

Due to

Due to pericarditis
serosity

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

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 H.C. Bowne (M. D. or other MD)Address Fairfax, Mo. Date signed 12/5/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *1824*

P. O. Address *Mound City, 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.

2B
21-41
79-288

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 77

Primary Registration District No. 2-026

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 57 yrs
years, months or days

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 _____

3. (a) PRINT FULL NAME Joseph Fries

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 W

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

7. Birth date of deceased: Jan 14
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 14 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Dec 6 (b) ma Ward marti
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 14 Year 1942 hour _____ minute _____ M.

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

Duration

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER, FATHER

S-34528 1942