

FILED JAN 12 1944  
Registration District No. 2045

Primary Registration District No. 3011

Registrar's No. 143

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

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton  
(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 most of life (Specify whether)

3. (a) PRINT FULL NAME Dona Bates Frye

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W

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

6. (b) Name of husband or wife Steve Frye 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19 1895  
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name A. A. Bates

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

14. Maiden name Sarah Anderson

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

16. (a) Informant Steve Frye

(b) Address Carrollton, Mo

17. (a) Burial (b) Date thereof 7-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Standley

(b) Address Carrollton, Mo

19. (a) 1-2-44 (b) Mr James Rafferty  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Carrollton  
(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 Dec day 30 year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Coroner Call 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

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

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

Other conditions Diabetes 61 years  
(Include pregnancy within 3 months of death)

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

Of autopsy Cerebral Hemorrhage

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 Dr. E. W. Smith (M. D. or other) DO.  
Address 41 So. Main, Carrollton, Mo. Date signed 1-3-44

Duration 1 min

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1053

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

1-11-44

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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 \_\_\_\_\_

*Ben W. Gibson*

Licensed Embalmer No. \_\_\_\_\_

2961

P. O. Address \_\_\_\_\_

*Carrollton 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.