

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 8 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 122

Primary Registration District No. 5456

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

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Rural Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route # 1 Brookline, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 73 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William A Fry

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pearl J. Fry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 5 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Marion S. Fry
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Sally Payne
15. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Fry
(b) Address Route # 1 Brookline, Mo.

17. (a) Burial (b) Date thereof Jan. 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Payne Family Cemetery
H.H. Lohmeyer

18. (a) Signature of funeral director _____
(b) Address Springfield, Mo.

19. (a) Jan-18-44 (b) Glenn B. Britain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1944 hour 11 minute 10 p. a. M.

21. I hereby certify that I attended the deceased from Jan. 14 1944 to Jan 16 1944;
that I last saw him alive on Jan 16 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Duration 5 yrs

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ PHYSICIAN _____

Of autopsy _____ 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 E.M. LeCompte M.D. (M. D. or other) _____
Address Brookline Mo Date signed 1/18-44

1241

RECEIVED

Green County Health Office,

County File Number 44-2-15

Date Filed 2-7-44

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

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield 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.