S. No. 2
OM—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 3007

Registration District No. 159

Primary Registration District No. 3023

Registrar's No. 11

**1. PLACE OF DEATH:**
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 703 N 4th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community 40 yrs (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 703 N 4th St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis Frye
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 married
6. (b) Name of ~~husband~~ or wife Rosa Frye
6. (c) Age of ~~husband~~ or wife if alive 66 years
7. Birth date of deceased 10 (Month) 4 (Day) 1867 (Year)

8. AGE: Years 76 Months 3 Days 2 If less than one day ___ hr. ___ min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Wm Frye
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rosa Frye
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 12 44 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo

19. (a) January 10 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 6 year 1944 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from December 20, 1943, to January 6, 1944 that I last saw him alive on 1-6-1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Pneumonia | 4 days |
| Due to influenza | 8 days |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

33a

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? (Specify type of place)
While at work? (e) Means of injury ?

23. Signature L J Powell (M. D. Other) D.O.
Address Clinton Mo Date signed 1-10-44

1064

(Licensed Embalmer's Statement on Reverse Side)

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

REG...
District Health Office No. 7.
1-44-141
District File No.
2-9-44
Date Filed

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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 F. E. Willman

Licensed Embalmer No. 2478

P. O. Address Clinton 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.