

FILED JAN 15 1945

Registration District No. _____

Primary Registration District No. 5253

Registrar's No. _____

1. PLACE OF DEATH: Salt Creek TWP

(a) County Chariton

(b) City or town Mendon Rural
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 8 Days
years, months or days

3. (a) PRINT FULL NAME James Wesley Fry

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 single

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

7. Birth date of deceased December 23 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	8	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name James Gilbert Fry

13. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Gregory Vanelle Moxley

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

16. (a) Informant James G Fry

(b) Address Mendon Mo

17. (a) Burial (b) Date thereof Jan 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wileam Chapel

18. (a) Signature of funeral director James M Daughlin

(b) Address Marceline Mo

19. (a) 1-2-1945 (b) J. L. Priest
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Mendon Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 11

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1944 hour _____ minute 10:30 P.M.

21. I hereby certify that I attended the deceased from Dec 23
1944, to Dec 31 1944

that I last saw him alive on Dec 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-intestinal enteritis & obstruction Duration 5 days

Due to Congenital malformation of intestinal tract

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 122

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 U. G. Buck (M. D. or other) _____
Address Northville Mo Date signed 1-2-45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-12-48

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.....

P. O. Address.....

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.