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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21859

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 58

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1611 Georgia St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 1611 Georgia St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OVERTON MINOR FRYE
3. (b) If veteran, name war no
3. (c) Social Security No. 497-01-8107
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Kathryn Elizabeth Fry
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased August (Month) 12 (Day) 1874 (Year)

8. AGE: Years 72 Months 9 Days 25 If less than one day hr. min.

9. Birthplace Louisiana, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Carter M. Frye
13. Birthplace Pike Co. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Minor
15. Birthplace Pike Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant J. Overton Fry
(b) Address Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri
19. (a) 6/9/47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1947 hour 8:30 A.M. minute XX
21. I hereby certify that I attended the deceased from June 2, 1947 to June 7, 1947 that I last saw him alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	12 hrs.
Due to: Carcinoma of prostate glands with generalized mastitis.	few yrs.
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 Chas H. Lewellen (M. D.)
Address Louisiana, Missouri Date signed 6/9/47

(Licensed Embalmer's Statement on Reverse Side)

See Sec
Date of Birth

RECEIVED
District Health Officer No. 10
District File Number 1:42:838
Date Filed JUL 7 1947

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 George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana 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.