No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38977

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. East Morgan Street 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country Native

3. (a) PRINT FULL NAME Emmett Lee Fry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie Fry

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August, 6th. 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	83	3	6	hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Francis Fry
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Greer
15. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Fry (Wife)

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 11/14/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery, Tipton, Mo.

18. (a) Signature of funeral director Jennell E. Richard

(b) Address Tipton, Mo.

19. (a) 11-13-1947 (b) Mrs. Maude Hudson 203
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12th
year 1947 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Sept 1947, to Nov 11, 1947, that I last saw him alive on Nov. 11, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Deficiency	
Due to Cronic nephritis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 J. F. Potts (M. D. ~~or other~~)

Address Tipton Mo Date signed 11/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-21-47

APR 26 1949

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 Jennie E. Richard

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.