

FILED FEB 20 1948

Primary Registration District No. 3017

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Boonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 da  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Alfred Milton Fry

3. (b) If veteran, name war.....

3. (c) Social Security No. 494-30-5785

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 1 minute 20 a. M.

21. I hereby certify that I attended the deceased from Jan 14, 1948 to Feb 1, 1948  
that I last saw him alive on Jan 31, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolus Duration 2 days  
Due to: Thrombus from Glac Vena  
Due to: .....  
Other conditions: Acute Pericarditis 4 days  
(Include pregnancy within 3 months of death)  
Major findings: Ventral hernia  
Of operations: operated Jan 30, '48  
Of autopsy: see above 277

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: W. E. Stone M.D. (M. D. or other) W.E.  
Address: Boonville Mo Date signed: 2-1-48

5. Color or race: M W  
6. (a) Single, widowed, married, divorced: M  
6. (b) Name of husband or wife: Mary E. Fry  
6. (c) Age of husband or wife if alive: 67 years  
7. Birth date of deceased: January 12 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 19 hr. min.

9. Birthplace: Cooper Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer and Stockman

11. Industry or business: Farm

12. Name: Thomas Fry

13. Birthplace: unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Melvin Fry (son)

(b) Address: Tipton, Missouri

17. (a) burial (b) Date thereof: 2-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Tipton, Mo.

18. (a) Signature of funeral director: Jewell C. Richards

(b) Address: Tipton, Missouri

19. (a) 2-2-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-19-48

MAR 20 1948

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 Juvel E. Richards  
Licensed Embalmer No. 2466

P. O. Address Lyfou, 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.