

FILED AUG 26 1948  
Registration District No. **273**

Primary Registration District No. **3047**

Registrar's No. **49**

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

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Neosho**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Sale Memorial Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
(c) City or town **Stark City**  
(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 **Died unnamed 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 **Infant**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **August 4, 1948**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**2 hr. 10 min.**

9. Birthplace **Neosho Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business.....

12. Name **Wilbur Dale Fry**

13. Birthplace **Newton County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Crystal Yvonne Ratliff**

15. Birthplace **Newton County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wilbur Fry**

(b) Address **Stark City, Missouri**

17. (a) **Burial** (b) Date thereof **8/5/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Taken care of by family.**

18. (a) Signature of funeral director **None.**

(b) Address.....

19. (a) **Aug. 24, 1948** (b) **Melvin C. Bowman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4**  
year **1948** hour **9** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Aug 4**  
19**48**, to **Aug 14** 19**48**  
that I last saw him alive on **Aug 4**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth**  
Duration.....

Due to.....

Due to **unknown**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

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) Manner of injury.....

23. Signature **Melvin C. Bowman** (M.D. or other) **M.D.**

Address **Neosho, Mo** Date signed **Aug 21 48**

RECEIVED  
District Registrar No. *New York City*  
Date of Filing Number *848-877*  
Date Filed *8-24-78*

**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.**