No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32045

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1167

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Min. (Specify whether
In this community 25 minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan 999
(c) City or town Wathena (Rural) 4
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Roberta Lucille Fry
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
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 Oct. 20, 1948 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	0 hr. 25 min.

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business none
FATHER
12. Name Elmo Joseph Fry
13. Birthplace DeKalb, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Genevieve Rose Jagodznski
15. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Elmo J. Fry
(b) Address R.F. D. 3, Wathena Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date there Oct. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas.
18. (a) Signature of funeral director CLARK FUNERAL HOME Earl A Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 11-4-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1948 hour 11 minute 35 p M.

21. I hereby certify that I attended the deceased from Oct 20, 1948, to Oct 20, 1948
that I last saw her alive on Oct 20, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature (Lived only 25 minutes - just a few breaths)	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 2

23. Signature C. J. Gross (M. D. or other) D.O.
Address 5008 King Hill Ave. St. Joseph, Mo. Date signed 10-21-48

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

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

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 B. J. Chaney, Registered Apprentice No. 294, working under my personal supervision.

Signed Earl A. Clark.

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.