

STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1949

State File No.

No. 300
10.48

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3372

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Missouri	
c. LENGTH OF STAY (in this place) 27 Yrs		d. STREET ADDRESS (If rural, give location) 4001 Brooklyn Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4001 Brooklyn Ave		d. STREET ADDRESS (If rural, give location) 4001 Brooklyn Ave	

3. NAME OF DECEASED (Type or Print) Mr William Thomas Fry Sr			4. DATE OF DEATH (Month) (Day) (Year) 8 3 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 23 1880		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (State or foreign country) Leroy Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Harvey Fry	13b. MOTHER'S MAIDEN NAME Mary E. Cantwell	14. NAME OF HUSBAND OR WIFE Cleo Pearl Fry
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 500-03-9772	17. INFORMANT'S SIGNATURE OR NAME Wm T Fry Jr	ADDRESS 4001 Brooklyn K.C?Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypostatic Pneumonia	ANTECEDENT CAUSES Severe Debilitation		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cholecystitis		
	DUE TO (c) Adhesions of Pericardium And Pleura		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION 585X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from **7-30-**, 19 **49**; to **8-3-49**, 19 **49**; that I last saw the deceased alive on **8-3-**, 19 **49**, and that death occurred at **12:55P.**, from the causes and on the date stated above.

23a. SIGNATURE George F. Clark	(Degree of title) M.D.	23b. ADDRESS 408 1/2 W. 75 St	23c. DATE SIGNED 8-4-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-5-49	24c. NAME OF CEMETERY OR CREMATORY Floral Hills	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 8-5-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home	ADDRESS
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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Russell N. France*

Signed.....
Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address..... *K. C. W.*

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.