No. 2
I—2-43
5-17-39
1 x 5½

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35304

FILED NOV 5 1943

Registration District No. 22-

Primary Registration District No. 4322-

Registrar's No. 38

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

820

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:
East Morgan Street
(If not in hospital or institution, write street number or location) 1

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 068

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native 10

3. (a) PRINT FULL NAME Dorcas C. Fry

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis M. Fry

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

7. Birth date of deceased August 6th. (Month) 1852 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	1	2	hr. min.

9. Birthplace Lucas, Ohio (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Jacob Crone
13. Birthplace Penn. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mariah Chew
15. Birthplace Maryland 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrlin Jones
(b) Address Tipton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/43 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cem. Tipton, Mo

18. (a) Signature of funeral director Joycee E. Richards
(b) Address Tipton, Mo.

19. (a) Sept. 29/43 (Date received by local registrar) (b) Mrs. Leo Ferguson (Registrar's signature)

571 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1943 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from 9-15-43, 19..., to 9-28-43, 19...; that I last saw her alive on 9-28-43, 19...; and that death occurred on the date and hour stated above.

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

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) Means of injury

23. Signature [illegible] M.D. or other
Address Tipton, Mo. Date signed 9/29/43

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 Jewell E. Richards

Licensed Embalmer No. 2464

P. O. Address Lupton, 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.