

S. No. 2  
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7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8251**

Registration District No. **316** Primary Registration District No. **3061** Registrar's No. **100**

74  
5  
2

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

1. PLACE OF DEATH:  
(a) County: St. Francois  
(b) City or town: Flar River, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: Mr. Charles Enos Fryman  
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, married  
6. (b) Name of husband or wife: Celia Fryman 6. (c) Age of husband or wife if alive: 70 years  
7. Birth date of deceased: April 30 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Clay Co. Illinois (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name: Mr. David Fryman  
13. Birthplace: Illinois (City, town, or county) (State or foreign country)  
14. Maiden name: Mary Hornick  
15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Lester Fryman (son)

(b) Address: W. Main Flar River, Mo.

17. (a) Burial (b) Date thereof: 2-4-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Antioche

18. (a) Signature of funeral director: Alvin W. Ford

(b) Address: 303 Crane St. Flar River, Mo.

19. (a) 2-5-44 (b) Byrdia Bukhmetov  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: St. Francois  
(c) City or town: 4 yrs in Flar River, Mo. (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1944 hour 2:30 am \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Jan 25 1944 to Feb 2 1944

that I last saw him alive on 2/2/44 and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhage

Due to: malignancy of stomach type undetermined

Other conditions: Senility  
(Include pregnancy within 3 months of death)

Major findings: H&E  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury: 0

23. Signature: W.H. Ellis M.D. (M. D. or other)  
Address: Flar River, Mo. Date signed: 2-4-44

1196

(Licensed Embalmer's Statement on Reverse Side)

1944 2 25

RECEIVED

District Health Officer No. 4  
District File Number 244-3440  
Date Filed 2-25-44

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. Flat 2

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.