

STATE OF UTAH
CERTIFICATE OF DEATH

State File No. 11
Registrar's No. 22

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH:
 (a) County Sa MORGAN
 (b) City or town MORGAN
(If outside city or town limits write RURAL)
 (c) Name of hospital or institution:
HOME IN MORGAN
(If not in hospital or institution give street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community LIFE IN MORGAN (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Utah (b) County MORGAN
 (c) City or town MORGAN
(If outside city or town limits write RURAL)
 (d) Street No. MORGAN
(If rural give location)
 (e) If foreign born, how long in U.S.A. years

3 (a) FULL NAME RICHARD RAWLE FRY

3 (b) If veteran, name war..... no 3 (c) Social Security No. none

4. Sex male 5. Color or race white 6 (a) Single, widowed, married or divorced married

6 (b) Name of husband or wife Emeline E. Toomer Fry

6 (c) Age of husband or wife if alive 80 yrs.

7. Birth date of deceased January 20, 1864
(Month) (Day) (Year)

8. AGE	Years	Months	Days	If less than one day
<u>82</u>	<u>8</u>	<u>7</u>	<u>7</u>	<u>hr. min.</u>

9. Birthplace Morgan, Utah
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Flour Miller

MOTHER FATHER { 12. Name Richard Fry
 13. Birthplace England
(City, town or county) (State or foreign country)
 14. Maiden name Ann Rawle
 15. Birthplace England
(City, town or county) (State or foreign country)

16 (a) Informant's own signature Lester W Fry
 (b) Address 36 E. 7th South St.

17 (a) burial (b) Date thereof 10-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Morgan, Utah Cemetery

18 (a) Mortuary Deseret Mortuary Company
 (b) Signature of funeral director Lester W. Fry
 (c) Address 36 East 7th St (d) License No. 53
 (e) Was body embalmed? YES (f) Embalmer's License No. 280

19 (a) Oct. 1-1946 (b) late Littlefield
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27, 1946
(Month, day, and year)

21. I HEREBY CERTIFY That I attended deceased from Sept. 15, 1946 to Sept. 27, 1946
 I last saw him alive on Sept 16, 1946
 death occurred on the date stated above, at 8:30 A. m.

Immediate cause of death Coronary Occlusion Duration Sudden

Due to chronic myocarditis 2 yrs

Due to 939

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?..... (e) While at Work?.....
(Specify type of place)
 (f) Means of injury.....
 23. Signature Stella H. Fry (M.D. or other)
Sept 30, 1946 Address Morgan, Utah