

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39793
Do not use this space.

REG. DEC 16 1930

1. PLACE OF DEATH

(a) County Marion 2 Registration District No. 548

(b) Township Leban 1 Primary Registration District No. 5743

(c) City Leban (d) Street No. _____

(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME George X Phrasier

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Phoebe Phrasier (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

86 10 15

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewistown, Mo.

FATHER

13. NAME Eli Phrasier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Ann Tutwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Ada Chambers, Maywood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. file 4 DATE 1930

19. FUNERAL DIRECTOR (ADDRESS) A. H. Chambers, Maywood, Mo.

20. FILED file 3-1938 Herbendler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1930

22. I HEREBY CERTIFY, That I attended deceased from Nov 27th, 1930, to Dec 1st, 1930

I last saw him alive on Nov 27, 1930. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Arteriosclerosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1930

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Dr. E. E. Cant, M. D.

(Address) 204 Grange Bldg

STATEMENT BY LICENSED EMBALMER

I, A. H. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No.or by....., Registered Apprentice No.
working under my personal supervision.

Signed A. H. Chambers
Licensed Embalmer No. 3766

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.)