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REC'D APR 18 1939

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

10469
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton
(b) Township Keytesville
(c) City
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 171
Primary Registration District No. 5237
Registered No.

2. PRINT FULL NAME Willis Jackson Frazier
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Frazier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 28 1863

7. AGE: Years 75 | Months 11 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: 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): Mo

FATHER
13. NAME: Lee A Frazier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Nancy Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Jess. Frazier Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury Mo DATE 3-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo Blankenmeyer Salisbury Mo

20. FILED 3/24 1939 Mrs Ray Sandre Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 15th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 15, 1939
I last saw him alive on March 12, 1939. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
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? No
If so, specify
(Signed) Carl C. Wegen, M. D.
(Address) Keytesville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 4/5/39
Date Filed

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, Kirk R. Winkelmeyer, or by

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

Signed Kirk R. Winkelmeyer

Licensed Embalmer No. 3981

P. O. Address Salisbury 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, above space should be left blank.