

AUG 11 1939

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

25969

Do not use this space.

1. PLACE OF DEATH

(a) County..... Jasper Registration District No. 408
(b) Township..... Marion Primary Registration District No. 5562 Registered No. 140
(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.

2. PRINT FULL NAME Elazine Frazer Heckathorn

(a) Residence, No. Route #2, Carthage, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. C. Heckathorn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18, 1848</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>5</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)..... <u>Wyandotte County</u> (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Thomas Frazer</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Sarah Poe</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Ohio</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Otto Hastings</u> (ADDRESS) <u>Route #2, Carthage</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope Cemetery</u> <u>7-22-39</u> 19..		
19. FUNERAL DIRECTOR (NAME)..... <u>Ulmer Funeral Home</u> (ADDRESS) <u>Carthage, Mo.</u>		
20. FILED <u>July 21, 1939</u> <u>E. G. M. Sauter, M.D.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

22. I HEREBY CERTIFY, that I attended deceased from May 22 1939 to July 20, 1939
I last saw her alive on July 18, 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage and hemiplegia
Date of onset 5-28-39

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Chronic hypochondriasis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Robert D. Peary, M. D.
Site (address) Carthage, 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.

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RECEIVED

District Health Officer No. 6,

District File Number 839-1602

Date Filed AUG 9 1939

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 *E. L. Williams*

Licensed Embalmer No. 2722

P. O. Address.....

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.