

FILED APR 23 1940

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 724 Proctor Place
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Independence
(If outside city or town limits, write "RURAL")
 (d) Street No. 724 Proctor Place
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Joseph Franklin Frazier ^{10 + 6}

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Frazier 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Sept 30 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Millsburg Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Retired

12. Name Robinson Frazier

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Woods

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Frazier

(b) Address 724 Proctor Place

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove Cem

18. (a) Signature of funeral director Chas. Harrison

(b) Address Independence Mo

19. (a) March 30 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 30, year 1940 hour 11 min 00 M.

21. I hereby certify that I attended the deceased from Jan 1940 to Mar 30, 1940
 that I last saw him alive on Mar 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to 51

Other conditions Uremia
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy C of prostate
Parasitic Hydatidion

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) X
 (b) Date of occurrence X
 (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? X

While at work (Specify type of place) (e) Means of injury

23. Signature Chas. Harrison (M. D. or other) 1
 Address Independence Mo Date signed 3/30/40

Duration

3 yrs

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19
5
4

10

over

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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11190

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 398

Primary Registration District No. 3019

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Franklin Frazier

3. (b) If veteran, name war
3. (c) Social Security No.

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

6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive, year

7. Birth date of deceased 9 - 30 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 years 6 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) May 4 '40 (b) H. L. Cook (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 30
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (b) Means of injury

23. Signature Chas F Grabe (Other)

Address Independence Date

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTAL

1940
S-11190