

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21755

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 2001

532

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
526 W. Webster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years
years, months or days 60

8. (a) PRINT FULL NAME MARY E. FRAZIER

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

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

6. (b) Name of husband or wife George F. Frazier 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 23, 1854
(Month) (Day) (Year)

8. AGE: Years 1 85 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business at home

MOTHER FATHER
12. Name Nicholas Long
13. Birthplace Chesterfield Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Coff
15. Birthplace Chesterfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Gabriel Long
(b) Address 526 W. Webster Springfield, Mo.

17. (a) Burial (b) Date thereof June 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director F. C. Thremon

(b) Address Springfield, Mo.

19. (a) June 23, 1940 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Republic Route # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 6/2/40
19____ to 6/22/40 19____

that I last saw h. er alive on 6/21/40 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis, cerebral ?
Duration

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? _____

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

23. Signature W. E. Handley (M. D. or other) M.D.

Address Springfield, Mo. Date signed 6/27/40

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

9
3
6

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 R. H. Truitt

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.

V