SEP 25 1940
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29788

Registration District No. 806 Primary Registration District No. 4485 Registrar's No.

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town QueenCity Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler

(c) City or town QueenCity Mo (If outside city or town limits, write "RURAL") 6

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Birdie Lenora Fraser 626

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife D. Fraser

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. (Month) 11 (Day) 1883 (Year)

8. AGE: Years 56 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Near Queencity Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Teacher, (later) House Wife

11. Industry or business Public School Teacher

FATHER
12. Name William Pierce
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Sophia Yaunt
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant D Fraser

(b) Address Queen City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Queencity Cemetary

18. (a) Signature of funeral director Wm N West

(b) Address QueenCity Mo.

19. (a) 8/27-1540 (Date received local registrar) (b) J. T. Jones Olive Jones (Registrar's signature) Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1940 hour two minute 9 M.

21. I hereby certify that I attended the deceased from Aug. 23, 1940, to Aug. 26, 1940; that I last saw her alive on August 26, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis	24 hours
Due to Acute Intestinal Obstruction	72 hours
Due to Probably due to adhesions	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 718

23. Signature V. Wayne Lehr (~~M. D. or other~~) D. O.

Address Queen City, Mo. Date signed Aug 27, 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1788
Date Filed SEP 18 1940

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

Signed Wm H West

Licensed Embalmer No. 2882

P. O. Address Queencity MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.