

Registration District No. **21**

Primary Registration District No. **5576**

Registrar's No. **70**

FILED OCT 21 1941

1. PLACE OF DEATH:

(a) County **Jefferson**
 (b) City or town **Rural Platin Township**
 (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.....
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson 50**
 (c) City or town **Rural 0**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **DeSoto R.R. #1**
 (If rural, give location)
 (e) Citizen of foreign country? **No 0** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9th** day **23rd**
 year **1941** hour **8** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **3/28** 19**41** to **9-23** 19**41**
 that I last saw him alive on **8/29** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **3/28**
 Duration **138**

Due to **Hypertension** **3**
 Due to **Ch Nephritis** **3**

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?

While at work? (Specify type of place)
 (a) Means of injury **0**
 Signature **Chas E Fallett** (M. D. or other)
 Address **DeSoto Mo** Date signed **9/24/41**

3. (a) PRINT FULL NAME **Thomas C. Frazier**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Sophia Frazier** (c) Age of husband or wife if alive **18** years
 7. Birth date of deceased **December 18 1870**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	9	5	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business.....

12. Name **John Wesley Frazier**
 13. Birthplace **Unknown 9**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Lepp**
 15. Birthplace **Unknown 9**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hilda Burns**
 (b) Address **Route 1, DeSoto, Missouri**

17. (a) **Burial** (b) Date thereof **9/25/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Charter Cemetery**

18. (a) Signature of funeral director **Fink Undertaking Co.**
 (b) Address **Festus, Missouri**

19. (a) **Sept 29/41** (b) **J. A. Rutledge**
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

066

7-35
X26390

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, ~~###~~.....

Eleuan Province.....

~~#####~~

working under my personal supervision.

Signed.....

Province

Licensed Embalmer No. 3403

P. O. Address..... Festus, Missouri

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, fact should be so stated above.