No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1941

Registration District No. 678

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32268

Primary Registration District No. 4404

Registrar's No. ---

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James Mo
(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 years, months or days)
In this community 1

2. USUAL RESIDENCE OF DEACESED:
(a) State MO (b) County Phelps 081 30
(c) City or town ~~Rural~~ St James
(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.? 0 years.

3. (a) PRINT FULL NAME Matilda Frase
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife William Frase
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 3 (Month) 14 (Day) 1864 (Year)
8. AGE: Years 77 Months 4 Days 10 If less than one day hr. min.
9. Birthplace Phelps Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Thos. S. Montgomery
13. Birthplace (City, town, or county) Tenn. (State or foreign country)
14. Maiden name Mary J Vaughn
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant T. F. Montgomery
(b) Address St James
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem
18. (a) Signature of funeral director W E Lichtler
(b) Address St James Mo
19. (a) 9-1-41 (Date received local registrar) (b) Elsie B. Hoy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 1941 hour 12 30 minute a. M.
21. I hereby certify that I attended the deceased from June, 1941, to July 24, 1941; that I last saw her alive on July 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	3 Month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94P

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
23. Signature William H Brewer (M. D. or other)
Address St James Mo Date signed 7/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 881943
Date Filed _____

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

Signed Orel E. Lickliter

Licensed Embalmer No. 3546

P. O. Address Ft Jennings

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.