DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38776

State File No.

DEC 18 1941

Registration District No. 572

Primary Registration District No. 5682

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Utica [illegible]
(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 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Utica 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amanda Elizabeth Frazier

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 Widowed

6. (b) Name of husband or wife J. N. Frazier

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

7. Birth date of deceased March (Month) 8 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	16	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Steven McCormick
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant H. J. Frazier
(b) Address Route 1, Chillicothe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Utica Cemetary

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Mo.

19. (a) Nov. 16, 1941 (Date received local registrar) (b) Zoola Romeiser. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1941 hour 1 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct. 24, 1937, to Nov 14, 1941;
that I last saw her alive on Nov 1 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral stenosis about 40 yrs.

Due to ?

Due to

Other conditions —
(Include pregnancy within 3 months of death) 92b

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 G. W. Carpenter (M. D. or other)
Address Chillicothe, Mo. Date signed 11/15/41.

1005

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elton F. Norman & E. R. Norman (2374), Registered Apprentice No. _____ working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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, fact should be so stated above.