

Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital No. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-30-41-1-7-42  
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>6</sup>

(d) Street No. 2316 Montgall  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>e</sup>  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME ELSIE FRAZIER

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

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Frazier 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 16 1916  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25		22	hr. _____ min.

9. Birthplace Melvin / Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name Handsillon Stewart

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Deceased

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1 10 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Adkins Press

(b) Address 2000 E. 12th

19. (a) 1-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7  
year 1942 hour 10 minute 20 a. M.

21. I hereby certify that I attended the deceased from December 30 1941 to January 7 1942  
that I last saw her alive on January 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema of the left chest

Due to Left Lobar Pneumonia

Due to 109

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Same as above

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)  
(e) Means of injury \_\_\_\_\_

23. Signature P. C. [unclear] (M. D. or D.O.)

Address Gen. Hospital 2-600 E. 22 Date signed 1-8-42

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Eliot Evans*

Licensed Embalmer No.....

*3836*

P. O. Address.....

**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.**