

FILED MAR 19 1942
Registration District No. **1924**

Primary Registration District No. **3008**

Registrar's No. **425 160**

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

1. PLACE OF DEATH

(a) County Callaway

(b) City or town Gulton

(c) Name of hospital or institution: State Hospital No. 11
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 yrs 8 m 2 da
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Lillian Frasier

3. (b) If veteran, name war _____

3. (c) Social Security No. 07c

4. Sex F / 5. Color or race W

6. (a) Single, widowed, divorced, Widowed

6. (b) Name of husband or wife M. F. Frasier

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

7. Birth date of deceased Nov. 14 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 51
If less than one day _____ hr. _____ min.

9. Birthplace Summstrong Mo. (D)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank W Green

13. Birthplace Ray 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Kendrick

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

16. (a) Informant Record

(b) Address _____

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

(c) Place: burial or cremation Quayle City Cemetery

18. (a) Signature of funeral director Wm H Hally

(b) Address Quayle Mo

19. (a) Feb 20-42 (b) Joan M... [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 45

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

(d) Street No. 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1942 hour 11-20 minute 0 M.

21. I hereby certify that I attended the deceased from 2-16-1942 to 2-19-1942
that I last saw him alive on 2-19-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia 4 d

Due to _____

Due to Louis Psychosis 4 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 168

Duration

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 D

23. Signature George W Reuro (M. D. or other) M.D.

Address Gulton Mo Date signed 2-19-42

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.....

Raymond A. Carr

Licensed Embalmer No.

3340

P. O. Address.....

Myrtle NW

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.