

1. PLACE OF DEATH:

(a) County Carroll MO

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

(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify, whether
In this community fifty years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. 611 Nestle
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY ELIZABETH FRAZER

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 12
year 1942, hour 8 minute A M.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married Single
divorced no

6. (b) Name of husband or wife no

6. (c) Age of husband or wife if alive no years

7. Birth date of deceased: Jan 5 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10 1941 to Mar 12 1942
that I last saw her alive on Mar 11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 2 7 hr. min.

Immediate cause of death Natural Regurgitation

Due to several years

9. Birthplace Adams Co Ill
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: 928

Of operations

Of autopsy

10. Usual occupation Housekeeper

11. Industry or business Housekeeper

12. Name John W Frazer

13. Birthplace Adams Co Ill
(City, town, or county) (State or foreign country)

14. Maiden name Etta Campbell

15. Birthplace Adams Co Ill
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Chas Frazer

(b) Address Canton Mo

17. (a) Burial (b) Date thereof 3 14 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin Cem

18. (a) Signature of funeral director H S Kelly

(b) Address Canton Mo

19. (a) Mar 13 1942 (b) P. W. Jennings
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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. W. Jennings (M. D. or other) 0
Address Canton Mo Date signed 3/12/42

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

56
0

RECEIVED

District Health Officer No. 10

District File Number 4-9-709

Date Filed APR 9 1942

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

W. S. Kelly

Registered Apprentice No.

working under my personal supervision.

Signed

W. S. Kelly

Licensed Embalmer No.

1908

P. O. Address

Canton 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.