

FILED APR 24 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville (Rural)
(c) Name of hospital or institution: 3 mi. N.E. Maryville
(d) Length of stay: In hospital or institution _____
In this community 54 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway
(c) City or town Maryville (Rural)
(d) Street No. 3 mi. N.E.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUDE FRAZEE

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lawrence H. Frazee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 3 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Huntington Ind. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Aaron Louers

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

14. Maiden name Paul Mc Fadden

15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Frazee

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof. Mar 31, 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) March 30 1942 (b) Mary Cole (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29 year 1942 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb 11 1942 to Mar 29th 1942 that I last saw her alive on Mar 29th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration _____
Due to Fractured arm (Colles) 6 wks
Due to Lobar Pneumonia 3 wks

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

Major findings: 186 a
Of operations none 15
Of autopsy none 15

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) accident - fall

(b) Date of occurrence Feb 29th 1942

(c) Where did injury occur? Maryville Nodaway Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? yes (Specify type of place) Means of injury fall

23. Signature L S Dean (M. D. brother)

Address Maryville Date signed 3-30-42

1268

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.....

John W. Price

Licensed Embalmer No.

H281

P. O. Address.....

Maryville 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.