. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16959

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2139

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 5630 Brookside 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City Missouri 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5630 Brookside 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Mrs Lillie May Frazer

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex Female 6

5. Color or race White

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

6. (b) Name of husband or ~~wife~~ W.T. Frazer

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

7. Birth date of deceased May (Month) 18 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	13	..... hr. ..... min.

9. Birthplace Ottawa Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jessie Stingley
13. Birthplace US 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susannah Boycourt
15. Birthplace Jacksonville Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Grace F. Frazer Hatch
(b) Address 6164 Cherry, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Otto Mitchell
(b) Address 310 N. Main St. Independence Mo.

19. (a) 6-1-42 (Date received local registrar) (b) Mr. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 31
year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 6, 1942, to May 31, 1942
that I last saw her alive on May 31, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute myocardial failure	
Due to Chr. myocarditis failure	5 mo.
Due to Chr. myocarditis	
Other conditions Chr. cholecystitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 B
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 0

23. Signature Ford J. Lowrey (M. D. ~~or other~~)
Address Lathrop Bldg. Date signed 5-31-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.