. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19135

FILED JUN 12 1942

Registration District No. 6795 Primary Registration District No. 4476 Registrar's No. 86

1. PLACE OF DEATH:

(a) County SALINE

(b) City or town MALTA Bend Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Most Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

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

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ORTHIA ADELIA FRAZEE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stephen Frazee

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

7. Birth date of deceased June (Month) 19 (Day) 1860 (Year)

8. AGE: Years 81 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Linden (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John Perry
13. Birthplace (City, town, or county) NY (State or foreign country)

MOTHER
14. Maiden name MARY SHORT
15. Birthplace (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant Stephen Frazee Jr
(b) Address Malta Bend Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend

18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo

19. (a) May 18 1942 (Date received local registrar) (b) Mrs T.O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1942 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from April 9 1942 to May 16 1942 that I last saw him alive on May 16 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
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

23. Signature Robert R. Stanley (M. D. or other) DO

Address Malta Bend Date signed 5-16-42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-42

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 Donald W. Short

Licensed Embalmer No. 3757

P.O. Address Marshall 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.