

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. X-29484
Registrar's No. X-29484

Registration District No. 568 Primary Registration District No. 6149

1. PLACE OF DEATH:
(a) County Texas
(b) City or town near Sherrell, Tex.
(c) Name of hospital or institution:
near 15 Sherrell, Tex.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life
In this community all life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Texas
(c) City or town near Sherrell
(If outside city or town limits, write "RURAL")
(d) Street No. near Sherrell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID HENRY FRAZIER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7th
year 1942 hour 4 minute 0 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married divorced
(b) Name of husband or wife Rella Frazier (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: DEC 25 1877
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death gun shot wound - self inflicted
Due to _____

8. AGE: Years 70 Months 1 Days 13 If less than one day hr. _____ min. _____
9. Birthplace Sherrell, Mo.
(City, town, or county) (State or foreign country)

Due to 164c
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farming
11. Industry or business _____
12. Name HENRY FRAZIER
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sally Mitchell
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence Feb 7 1942
(c) Where did injury occur? near Sherrell, Texas, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home
While at work? no (Specify type of place)
(e) Means of injury gun

16. (a) Informant Lillian Frazier
(b) Address Sherrell, Mo.
17. (a) Burial (b) Date thereof 2/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wicherson, Tex.
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 2/10/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature L. E. Reed (M. D. or other)
Address Licking, Mo. Date signed 2/10/42

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

MOTHER FATHER

107
00

RECEIVED

District Health Officer No. 5,

District File Number. 742618-

Date Filed 8-19-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.