

FILED DEC 10 1942

Registration District No.

Primary Registration District No. 3016

Registrar's No. 265

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

1. PLACE OF DEATH:

(a) County: Cole

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

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

(d) Length of stay: In hospital or institution: 75 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cole

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

(d) Street No.: 312 Jackson Street
(If rural, give location)

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

3. (a) PRINT FULL NAME: Mrs. Mary Margaret Frazier

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: Female 5. Color or race: white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife: James Frazier 6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: September 8 1867
(Month) (Day) (Year)

8. AGE: Years: 75 Months: 2 Days: 21 If less than one day: hr. min.

9. Birthplace: Taos, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Martin Wilser

13. Birthplace: Switzerland (City, town, or county) (State or foreign country)

14. Maiden name: Mary Pankhardt

15. Birthplace: Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant: Fabernx Frazier

(b) Address: Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: DEC 2 1942
(Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery

18. (a) Signature of funeral director: Joseph Gordon

(b) Address: Jefferson City, Missouri

19. (a) 11-30-42 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 29 year: 1942 hour:

21. I hereby certify that I attended the deceased from July 26 - 1942 to November 29, 1942 that I last saw her alive on November 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchogenic Carcinoma

Due to:

Due to: Pleural effusion

Other conditions:

Major findings: H/C

Of operations:

Of autopsy:

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?

23. Signature: J. Ossman (M. D. or other) MD

Address: Jefferson City Date signed: 11-30-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

Louis Quest

Licensed Embalmer No.....

4096

P. O. Address.....

Jefferson City

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.