S. No. 2
M—5-42
v. 5-17-39
I X32873

94
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41783

Registration District No. 3 Primary Registration District No. 3060 Registrar's No. 166

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington Mo
(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
In this community 27 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Francois 94

(c) City or town Farmington 1
(If outside city or town limits, write "RURAL")

(d) Street No. N. Washington
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Guy Wilson Fraser

3. (b) If veteran, name war no.

3. (c) Social Security No. 494-10-6785

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lola Mae Harrington (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Feb (Month) 25 (Day) 1884 (Year)

8. AGE: Years 54 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Jackson Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name George Fraser
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Cellyers
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lola Fraser
(b) Address Farmington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/42 (Month) (Day) (Year)
(c) Place: burial or cremation R. C. Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address Farmington Mo

19. (a) Dec 21-1942 (Date received local registrar) (b) Byrdie Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1942 hour 5 minute 03 A.M.

21. I hereby certify that I attended the deceased from Dec 17, 1942, to Dec 17, 1942
that I last saw her alive on Dec 17, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 hrs.
Due to Endocarditis and arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	

Major findings:
Of operations
Of autopsy None

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 L. M. Stanfield M.D. (M. D. or other)
Address Farmington Mo Date signed 12/7/42

1196 (Licensed Embalmer's Statement on Reverse Side)

#3

RECEIVED

District Health Officer No. 4

strict File Number 143-1529

te Filed 1-5-43

MAY 2 1945

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 ..... O Heazcan

Licensed Embalmer No. 4084

P. O. Address Farmington 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.