

No. 2  
9-4-41  
5-17-41  
1 X 25

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2339**

FILED FEB 5 1943

Registration District No. **133**

Primary Registration District No. **3022**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:  
Bethany Hospital and Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Mt. Moriah  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME FLORENCE FRAZIER OXFORD

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1943 hour 2 minute 35 P.M.

21. I hereby certify that I attended the deceased from Jan. 10  
                    , 1943, to Jan. 13, 1943

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Oscar H. Oxford

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

7. Birth date of deceased: June 17 1875  
(Month) (Day) (Year)

that I last saw her alive on Jan. 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus Meningitis  
Due to Pneumococcus septicaemia  
Due to Otitis Media

Duration  
3 days  
3 days  
4 days

8. AGE: Years Months Days If less than one day  
67 6 26 hr. min.

9. Birthplace Harrison Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business                     

12. Name Robert E. Frazier

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

14. Maiden name Sarah E. Miller

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

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.

16. (a) Informant Maude Oliphant

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof Jan. 15, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakawn Cemetery

18. (a) Signature of funeral director                     

(b) Address Cainsville, Missouri

19. (a) Jan 20-1943 (b) Joh M. Burres  
(Date received local registrar) (Registrar's signature)

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?                     

While at work?                      (Specify type of place)  
(e) Means of injury                     

23. Signature                      (M. D. or other)  
Address Bethany, Mo Date signed 1-14-43

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

MOTHER FATHER

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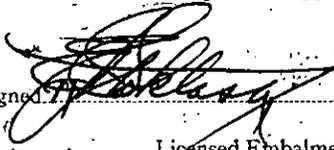
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by

Eddie J. Stoklasa

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

**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.**