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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 106

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

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution X
In this community most of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

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

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

3. (a) PRINT FULL NAME Anna C. Fraser

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 12 minute 55 AM.

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife Abner Fraser

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

7. Birth date of deceased May 6 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-15-41 to 3-30-43
that I last saw SC alive on 3-28-43
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>24</u>	hr. min.

Immediate cause of death broncho pneumonia

Due to pneumonia anemia

9. Birthplace Ky
(City, town, or county) (State or foreign country)

Due to 107

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business X

Major findings: Of operations

Of autopsy

12. Name Robert Wesley

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?

13. Birthplace 9
(City, town, or county) (State or foreign country)

While at work? (Specify type of place)

(e) Means of injury

14. Maiden name 9

15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Fraser

(b) Address Salem Mo

23. Signature Dr. J. D. ... (M. D. or other) D.O.
Address Salem, Mo Date signed 3-30-43

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Fraser Cem

18. (a) Signature of funeral director Carl ...

(b) Address Salem Mo

19. (a) 3-30-43 (Date received local registrar) (b) Jos ... (Registrar's signature)

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

1177

RECEIVED

District Health Officer No. 5

District File No. ~~439~~ 43

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 Carl W. Finney
Licensed Embalmer No. 2370
P. O. Address Salem 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.