

38625

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 13 1943

Registration District No. 187

Primary Registration District No. 3038

Registrar's No. 247

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

1. PLACE OF DEATH:

(a) County Linn

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

(c) Name of hospital or institution:
422 Linn St. 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 75 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn ⁵⁸

(c) City or town Brookfield ⁹
(If outside city or town limits, write "RURAL")

(d) Street No. 422 Linn
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY ALICE FRAZIER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1943 hour 9:00 minute 5p M.

21. I hereby certify that I attended the deceased from Nov 2 1943 to Nov 3 1943;
that I last saw her alive on Nov 3 1943;
and that death occurred on the date and hour stated above.

4. Sex 7 5. Color or race W.

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

6. (b) Name of husband or wife Charles H. Frazier

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

7. Birth date of deceased June 24 1866
(Month) (Day) (Year)

Immediate cause of death Acute Cardiac Decomposition ³⁸⁴

Due to Intoxication ¹⁰⁷⁴

Due to Auto Accident ¹³⁰⁴

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77 4 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Delos H. Cady

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

14. Maiden name Loise Mills

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

16. (a) Informant Mrs. Gilmer Ganning

(b) Address Brookfield

17. (a) Burial (b) Date thereof 11-6-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery - Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 11-5-1943 (b) H. H. Cannon
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations 9502

Of autopsy _____

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? _____

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

23. Signature Ray H. Haley (M. D. or other) MD
Address Brookfield, Mo. Date signed 11-5-43

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(Licensed Embalmer's Statement on Reverse Side)

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 *J. H. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.