

FILED FEB 14 1944

Registration District No. 254

Primary Registration District No. 5867

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer (Rural) Wheeler Twp
(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 _____ (Specify whether
In this community 1 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Izilar Fraley

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife John Fraley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: March 13 1959
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 29 hr. _____ min.

9. Birthplace Douglas County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Eli Rogers
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarah Boss
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Rice Rogers
(b) Address Myrtle, Mo.

17. (a) Burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Myrtle, Mo.

18. (a) Signature of funeral director Geo Garr
(b) Address Thayer, Mo.

19. (a) 2-5-44 (b) Jae V Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 11 1944 to Jan 11 1944
that I last saw him alive on Jan 11 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 133a

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

23. Signature Jae V Williams (M. D. or other) M.D.
Address Thayer, Mo. Date signed 2-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1112

Coper.

RECEIVED

District Health Officer No. 5,

District File Number 244747

Date Filed 2.10.44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.