

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4685

FILED JAN 20 1944

Registration District No. 17 Primary Registration District No. 4508 Registrar's No.

1. PLACE OF DEATH:
(a) County Stone (b) City or town Galena
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution about 14 yrs
In this community about 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone 104
(c) City or town Galena
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas Wood Frazier
(b) If veteran, name war yes (c) Social Security No. n

20. DATE OF DEATH: Month 12 day 10 year 1943 hour 8:00 minute A.M.

4. Sex m (5) Color or race wh (6) (a) Single, widowed, married, divorced Single (b) Name of husband or wife none (c) Age of husband or wife if alive years 1849
7. Birth date of deceased: (Month) March (Day) 8 (Year) 1849

21. I hereby certify that I attended the deceased from Dec. 4 1943 to Dec. 10 1943 that I last saw him alive on Dec. 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular-Renal Syndrome

8. AGE: Years 94 Months 9 Days 4 If less than one day hr. 5 min.

Due to: Senility

9. Birthplace: Lochs Bronnain, Scotland

Other conditions: 12/a

10. Usual occupation: writer

11. Industry or business:
12. Name William Frazier
13. Birthplace Scotch
14. Maiden name Christine M. Seal
15. Birthplace Scotch

Major findings: Of operations: Of autopsy: PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant: Social Security Office (b) Address: Galena, Mo
17. (a) Burial (b) Date thereof: Dec 11-43 (c) Place: burial or cremation: Galena, Mo

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Everett Cheatham
(b) Address: Galena, Mo
19. (a) Dec 13, 1943 (b) Nellie Ironley

23. Signature: Marshall D. ... (M. D. or other) DO, Address: Galena, Mo. Date signed: 12/13/43

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

4000

1172

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number 144-57

Date Filed JAN 17 1944

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 not

....., Registered Apprentice No.
working under my personal supervision.

Signed Ernest J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.