

FILED MAY 10 1944
Registration District No. **2-10-50**

Primary Registration District No. **44-44-4-971**

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

1. PLACE OF DEATH:

(a) County **Camden**

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

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None** (Specify whether in this community **All Her Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Camden Ray**

(c) City or town **Camden, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U.S.A.** **0**

3. (a) PRINT FULL NAME **Nellie May Frazier**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Jesse D. Frazier**

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

7. Birth date of deceased **July 10 th. 1909**
(Month) (Day) (Year)

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

34 9 7 hr. min.

9. Birthplace **Camden, Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER FATHER { 12. Name **Virgil Thomas**

13. Birthplace **Camden, Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha May Swearinger**

15. Birthplace **Camden, Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Frazier**

(b) Address **Camden, Missouri**

17. (a) **Burial** (b) Date thereof **4-30-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Camden, Missouri**

18. (a) Signature of funeral director **J. B. Brothers**

(b) Address **Richmond, Missouri**

19. (a) **4/20/44** (b) **D. G. F. Simmons**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **18**
year **1944** hour **6** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Mar 25** 19**44** to **Apr 18** 19**44**
that I last saw her alive on **Apr 18** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Embolus**

Due to **Post operative Appendectomy**
Medulent Fever

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **5**

Of autopsy

Duration

PHYSICIAN

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 **0**

23. Signature **GW Gaines M.D.** (M. D. or other)

Address **Richmond, Mo.** Date signed **4/18/44**

RECEIVED
District Health Officer No. 82

Ret File Number
Filed 5-8-44

STATEMENT BY LICENSED EMBALMER

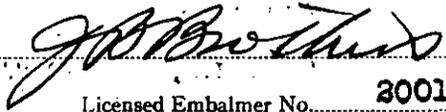
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. B. BROTHERS

....., Registered Apprentice No.....

working under my personal supervision.

BROTHERS FUNERAL HOME

Signed..... 

Licensed Embalmer No. 3001.

P. O. Address Richmond, 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.