. S. No. 2
00M—2-43
ev. 5-17-39
1 X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33502

State File No.

Registration District No. 69 Primary Registration District No. 5270 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Christian
(b) City or town rural Lincoln 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 years, months or days)
In this community entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Christian
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Clever, R#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Effie Frazier

3. (b) If veteran, name war x

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Perry Frazier

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 26, 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Martin Meacheam
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Hale
15. Birthplace Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Leonard Meacheam
(b) Address Clever, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Siani

18. (a) Signature of funeral director T. W. Maples
(b) Address Clever, Mo.

19. (a) Oct. 5, 1945 (Date received local registrar) (b) Mrs. Aline Dreier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from June 13, 1945 to Sept 9, 1945; that I last saw her alive on Sept 9, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure - acute edema and congestion of lungs	2 hours
Due to: Lymphosarcoma	2 years
Due to:	
Other conditions (Includes pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy 55p

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

23. Signature Charles A Spears (M. D. or other) MD
Address Billings, Mo Date signed 10-1-45

1516 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1145-1068
Date Filed NOV 5 1945

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. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.