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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15911
Registrar's No. 198 (198)

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Ballouay
(b) City or town Jullon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital no. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs - 7 mo - 8 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice B. Frazee
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 8, 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER {
12. Name Alice B. Frazee 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Paul Rame
(b) Address Edina Mo.

17. (a) Removal (b) Date thereof 5/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edina, Mo

18. (a) Signature of funeral director Hallice Funeral Home
(b) Address 7th & 6th St. Jullon, Mo.

19. (a) 2/30/1946 (b) Josie Mosekloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Knox 14
(c) City or town Edina Reeds 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1946 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 20, 1946, to May 30, 1946; that I last saw her alive on May 29, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration _____
Due to Tuberculosis (Pulmonary)
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 13K
Of operations _____
Of autopsy _____

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 _____

23. Signature Garrett Thomas (M. D. or other) 0
Address Jullon Mo Date signed 3/30/46

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

14802

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-10-46

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 Wenzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton 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.**