S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17148

FILED MAY 17 1946

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 25

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

16029

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Bluff St 1 (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 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54

(c) City or town Lexington (If outside city or town limits, write "RURAL") 3

(d) Street No. Bluff (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME JOSEPH FRAZIER

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

4. Sex Mar 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Mar (Month) 4 (Day) 1858 (Year)

8. AGE: Years 88 Months 1 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Platte Co Ill (City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business Laborer

FATHER
12. Name Geo W Frazier
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ann Adkins
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo Frazier

(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Forrest F. Tempel

(b) Address Lexington, Mo

19. (a) 10 April 1946 (Date received local registrar) (b) Marion C Embalmer (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 4 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from May 1903 ~~April~~ ~~1941~~, to April 1946 that I last saw him alive on April 1st 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Dilitation of heart

Due to Old age High Blood pressure and Malnutrition

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....
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? ..... (Specify type of place)

While at work? (e) Means of injury .....

23. Signature J. O. Cope (M. D. or other)

Address Lexington Mo. Date signed 4/6/46

156 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-16-46

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 Geo. McKean
Licensed Embalmer No. 2983
P. O. Address Lexington 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.