

FILED JUN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 583

Primary Registration District No. 5658

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1574 days  
(Specify whether  
In this community 1574 days  
years, months or days)

3. (a) PRINT FULL NAME Nathaniel Floyd Frazier

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Frazier 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Dec. 22 1908  
(Month) (Day) (Year)

8. AGE: Years 37 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Bowling Green Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER { 12. Name George Frazier  
13. Birthplace Eolia Missouri  
(City, town, or county) (State or foreign country)  
MOTHER { 14. Maiden name Mammie Burks  
15. Birthplace Bowling Green Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof May 16 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Geo. S. Orr  
(b) Address Mt. Vernon, Mo.  
19. (a) 5-15-46 (b) DR Philbrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82  
(c) City or town Bowling Green 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
year 1946 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from January 21, 1942, to May 15, 1946;  
that I last saw him alive on May 15, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure 8 days  
due to spontaneous right pneumothorax  
and post-operative wound infection  
Due to Pulmonary tuberculosis Aht 14 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 138  
Of autopsy Right heart failure due to spontaneous pneumothorax and post-operative wound infection, Pul Tbc.  
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) (2) Means of injury  
23. Signature G. Frazier (M. D. or other) med  
Address Mt. Vernon, Missouri Date signed 5-15-46

WRITE PLAINLY--USE UNFADING INK--MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 6;  
District File Number 646-063  
Date Filed JUN 11 1945

JUN 18 1945

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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

*George B. Orr*

Licensed Embalmer No.

*946*

P. O. Address

*Mr. Vernon J. No.*

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.