

S. No. 2  
9-4-41  
5-17-39  
1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

29571

**FILED SEP 30 1946**  
**STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1058

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution St. Joseph # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 5 ds  
(Specify whether In this community 1 month, 5 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Callaway

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

(d) Street No. --- (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William E. Frazer

3. (b) If veteran, name war no

3. (c) Social Security No. no

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 22  
year 1946 hour 6:10 minute a M.

21. I hereby certify that I attended the deceased from Sept 13 1946 to Sept 21 1946; that I last saw him alive on Sept 21 1946 and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race br

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

6. (c) Age of husband or wife if alive not stated years

7. Birth date of deceased Sept 21 1863  
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia

Due to Arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration 4 Days

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**8. AGE:**

Years	Months	Days	If less than one day
<u>83</u>	<u>0</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Wm. Frazer

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name not given

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Wm. James Frazer

(b) Address Kingston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cemetery

18. (a) Signature of funeral director Charles Colak

(b) Address Kingston Mo

19. (a) Sept. 23, 1946 (Date received local registrar) (b) H. Matlock (Registrar's signature)

Major findings: Of operations 107

Of autopsy \_\_\_\_\_

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 J. Small (M. D. or other)

Address St. Joseph # 2 Date signed 9/23/46

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

54 (Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

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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..... *Cramer Clark* .....

Licensed Embalmer No. *3257* .....

P. O. Address *Kingston 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.**