

FILED DEC 6 1946
132

Registration District No. _____

Primary Registration District No. **4203**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Grundy Galt Mo**
(b) City or town _____
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **JOHN LEWIS FRASIER**

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

4. Sex **male** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **m.**
6. (b) Name of husband or wife **Mavis Frasier** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Dec 15 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	10	21	hr. _____ min. _____

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Farming**

12. Name **John W Frasier**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Dora Gaibbler**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs M L Frasier**
(b) Address **Galt Mo**

17. (a) **Burial** (b) Date thereof **Nov 7 - 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Koplem, Galt Mo**

18. (a) Signature of funeral director **W. C. Weston**
(b) Address **Galt Mo**

19. (a) **11-7-46** (b) **Irene Jar**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Grundy Ho**
(c) City or town **Galt**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **5**
year **1946** hour **6** minute **A** M.

21. I hereby certify that I attended the deceased from **1-1-1946** to **11-5-1946**
that I last saw him alive on **11-3-1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**
Due to **Myocarditis Chronic**

Duration **7 days**

Due to _____

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

Major findings:
Of operations **931**
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?

(Specify type of place) _____
While at work? _____ (c) Means of injury **0**
23. Signature **W. C. Weston** (M. D. or other) **MD**
Address **Galt Mo** Date signed **11-6-46**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 PK Payne Jr
Licensed Embalmer No. 3400
P. O. Address Galt

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.