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

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Glasgow  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community About 50 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Glasgow  
(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 Irvin E. Frazee

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Addie Belle Frazee 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased June 26 1880  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 4 If less than one day hr. min.

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

10. Usual occupation Farming (Retired)

11. Industry or business Farm

12. Name Lloyd Frazee

13. Birthplace W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Euler

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

16. (a) Informant Mrs. Irvin Frazee

(b) Address Glasgow, Mo.

17. (a) Burial (b) Date thereof Dec 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director Audley T. Fremouth

(b) Address Glasgow, Mo.

19. (a) 12-3-46 (b) Joe King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
year 1946 hour 8 minute 07 A.M.

21. I hereby certify that I attended the deceased from 1944  
to now, 1946,  
that I last saw him alive on Nov - 15 - 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death M. tr. of Stenosis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: Of operations 92 B

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 2

23. Signature J. L. Lamb (M. D. or other) Do

Address Glasgow, Mo. Date signed 1/30/46

12-14-46

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 *W. W. Freimuth*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.