

FILED APR 17 1947

Registration District No. **100**

Primary Registration District No. **5386**

Registrar's No. **32**

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

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Rural - Norman Township
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent

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

(d) Street No. Norman Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roscoe Fraser

(b) If veteran, name war -

(c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
year _____ hour _____ minute _____ M.

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife _____

(c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 26, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Not seen alive, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>5</u>	<u>15</u>	_____ hr. _____ min.

Duration _____

Due to Death at hands of person or persons unknown

Due to cause uncertain

Other conditions (include pregnancy within 3 months of death) learned 1958

9. Birthplace Dent County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Sewing Machine

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Samuel Fraser

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

14. Maiden name Sarah Cannon

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

16. (a) Informant Mrs George Lutzenberger

(b) Address Salem, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cemetery

18. (a) Signature of funeral director Hobson & Grantham

(b) Address Salem, Mo.

19. (a) 2-6-47 (Date received local registrar) (b) M. M. Hart, M. D. (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Death at hands of person or persons unknown (coroner's jury)

(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 _____

23. Signature M. M. Hart, M. D. (M. D. or other) _____

Address Salem Mo. Date signed 2/9/47

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RECEIVED

District Health Officer No. 5

District File Number 447209

Date Filed 4-15-47

APR 17 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.