

FILED JUN 5 1947

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **201**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hosp No 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 11 mo 7 day
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howard

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

(d) Street No. 21
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SALATHIEL FRAZER

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from May 27 1947, to May 27 1947; that I last saw him alive on May 27 1947; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 30 1857
(Month) (Day) (Year)

Immediate cause of death: Chronic Myocarditis

8. AGE: Years Months Days If less than one day

89 7 27 hr. min.

Due to _____

Due to _____

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

Major findings: ASD

Of operations _____

Of autopsy _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Geo W. Frazer

13. Birthplace Term 1
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Bass

15. Birthplace Term 1
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp

(b) Address Fulton Mo

17. (a) Removal (b) Date thereof May 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Franklin Mo

18. (a) Signature of funeral director J. S. Nunlan

(b) Address New Franklin Mo

19. (a) May 27 1947 (b) Joie Mossuthoff
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature J. C. Caldwell (M.D. or other) MD

Address Fulton Mo Date 5/27/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14
1
2

Date Filed JUN 3 1947

District File Number

District Health Officer No. 9

RECEIVED

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 R. L. Hill

Licensed Embalmer No. 3515

P. O. Address New Franklin, 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.