S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21709

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 32

1. PLACE OF DEATH:
(a) County Morgan Osage Twsp.
(b) City or town Rural Gravois Mills MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 Mi. So. Gravois Mills
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan
(c) City or town Rural Gravois Mills MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Mi. So. Gravois Mills
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA E. FRAZIER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Femal
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emmett Frazier
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept (Month) 24th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
52	8	28	hr. min.

9. Birthplace Adair CO Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. Name Patrick Kallday (Father)
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Mary A. Muldon (Mother)
15. Birthplace Adair CO Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Emmett Frazier
(b) Address Versailles MO Star R
17. (a) Burial, cremation, or removal St Patrick Cem (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation ST Patrick
18. (a) Signature of funeral director [illegible]
(b) Address Versailles MO
19. (a) 6/30/47 (Date received by registrar) (b) [illegible] (Registrar's signature) V.O.K.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd year 1947 hour 8 minute 20 AM.
21. I hereby certify that I attended the deceased from 9-18 1946 to 6-22 1947 that I last saw he alive on 6-14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Spine — Duration 1 year
Due to Ca of Rt Breast removed 3 yrs ago — Don't Know
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 50
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? (e) Means of injury
23. Signature W. G. Gunn (M. D.)
Address Versailles Mo Date signed 6/23/47

RECEIVED
District Health Officer No. 7,
District File Number 6-K7-813
Date Filed 2-8-47

MAR 23 19[illegible]

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. H. Kidwell

Licensed Embalmer No. 1596

P. O. Address Versailles 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.