

S. No. 2
M-5-43
v. 5-17-39
No 1 X336571

FILED SEP 30 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **297**

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South East Mo Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES FRAZIER
 3. (b) If veteran, name war No
 3. (c) Social Security No. No
 4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife ELLEN FRAZIER
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased April 4-1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 6
 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business unk

MOTHER FATHER

12. Name unk
13. Birthplace unk unk
(City, town, or county) (State or foreign country)
14. Maiden name unk
15. Birthplace unk unk
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Frazier

(b) Address Charlton Rd. B3 B6

17. (a) Burial **(b) Date thereof** Nov 11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Logwood

18. (a) Signature of funeral director R. B. ...

(b) Address New Madrid Mo

19. (a) 9-28-1947 **(b) C. C. ...**
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town De Farge
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
 year 1947 hour 2:30 minute a M.
21. I hereby certify that I attended the deceased from 9-6-47
 to 9-10-47
 that I last saw him alive on 9-9-47, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death Chor Myocarditis
 Due to Renal insufficiency
 Due to Purpura meningitica
 & kidney structure
 Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings / Of operations
 Of autopsy 33B

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
23. Signature Chas. M. ... (M. D. or other)
 Address Cape Girardeau Date signed 9-11-47

RECEIVED

District Health Officer No. 4
District File Number 947-1237
Date Filed 9-29-47

OCT 1 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 L. H. Higginth
Licensed Embalmer No. 3803
P. O. Address New Madrid, 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.