S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37013

FILED DEC 9 1947

Registration District No. 26 — Primary Registration District No. 5081 — Registrar's No. 25

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rural, East Boone Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At farm home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply. (Specify whether
In this community 62 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates.
(c) City or town Rural, East Boone Twp. (If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles East Drexel, Mo. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country Does not apply.

3. (a) PRINT FULL NAME AMERICA BULLOCK FRAZIER.
3. (b) If veteran, name war None.
3. (c) Social Security No. None.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced wodowed.
6. (b) Name of husband or wife A. M. Frazier, Sr.
6. (c) Age of husband or wife if alive Dcsd. years
7. Birth date of deceased Nov. (Month) 8th, (Day) 1851. (Year)

8. AGE: Years 96 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Midway, Medford, Co. Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Household duties.
11. Industry or business At Home.
FATHER
12. Name William Bullock
13. Birthplace Kentucky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Smith
15. Birthplace Kentucky. (City, town, or county) (State or foreign country)
16. (a) Informant E. D. Frazier,
(b) Address Drexel, Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12/3/1947. (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Hill Cem.
18. (a) Signature of funeral director [signature]
(b) Address Drexel, Missouri.
19. (a) 12/3/1947. (Date received local registrar) (b) Myra Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 1 day year 1947 hour 6 minute 20 a.M.
21. I hereby certify that I attended the deceased from Nov 12, 1947 to Dec 1, 1947 that I last saw her alive on Nov 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Arterio Sclerosis	45 Mis
Due to Senility	
Due to	
Other conditions Mitral Incompetency (Include pregnancy within 3 months of death)	Not known

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Basil Chartwell (M. D. or other) MD
Address Drexel Mo Date signed 12/2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-42-42
Date Filed 12-8-42

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~~ personally ....., ~~Registered Apprentice No.~~ ....., ~~working under my personal supervision~~.

Signed .....

Licensed Embalmer No. 1950

P. O. Address Diggs 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.