FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4406

Registration District No. 98 — Primary Registration District No. 4165 — Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin (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 Most of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Gallatin (If outside city or town limits, write "RURAL") 1
(d) Street No. --- (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Elizabeth 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 Widowed
6. (b) Name of husband or wife James Frazier
6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased March (Month) 5 (Day) 1882 (Year)

8. AGE: Years 65 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Todds Point (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Harry Leffler
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rachel E. Welborn
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Homer P. Roberts
(b) Address 3216 Campbell K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lile Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Missouri
19. (a) 7 Feb. 1948 (Date received local registrar) (b) Virginia M. Engelhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27 year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from January, 1948, to Jan 27, 1948; that I last saw her alive on Jan 20, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular renal disease, diabetes mellitus — Duration 4 yrs
Due to diabetic neuritis, toxic goiter, chronic gall bladder following
Due to gallstone operation
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 61
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 5

23. Signature H. W. Barley D.O. (M.D. or other)
Address Gallatin, Mo. Date signed 2-4-48

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

FEB 25 1948

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. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.