

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Dales Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89  
(c) City or town 6 mi. East of Richmond 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Adrian Frazier

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased September 11, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 26 - hr. min

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

10. Usual occupation Miller

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name John Henry Frazier  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Talbot Frazier  
15. Birthplace Richmond, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Frazier  
(b) Address Richmond, Mo.

17. (a) Burial (b) Date there April 9, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wilcox Grace Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home  
(b) Address 627 E. Main, Richmond, Mo.

19. (a) 4/17/48 (b) Mr. Herbert Albert  
(Date received local registrar) (Registrar's signature) H-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1948 hour 4:32 minute P. M.

21. I hereby certify that I attended the deceased from April 5-4  
\_\_\_\_\_, 19\_\_\_\_, to April 7, 1948;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 4 days

Due to Hypertension 3

Due to arteriosclerosis 9

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
830

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? \_\_\_\_\_ Means of injury 0

23. Signature Eugene Beckwith (M.D. or other)  
Address Carrollton, Mo. Date signed 4-7-48

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed A-5-48

*Packet*  
*3/2 at arrival*

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 \_\_\_\_\_

William L. Thurman, Registered Apprentice No. 65  
working under my personal supervision.

Signed *William L. Thurman*

Licensed Embalmer No. 2073

P. O. Address Richmond, 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.