S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15151

Registration District No. 396 Primary Registration District No. 6128 Registrar's No.

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0

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

1. PLACE OF DEATH:
(a) County Shannon
(b) City or town Eminence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of his Son (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shannon
(c) City or town Eminence (If outside city or town limits, write "RURAL") 101
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James A 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 Widowed
6. (b) Name of husband or wife Renda Frazier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 3 (Day) 1860 (Year)

8. AGE: Years 87 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Paris (City, town, or county) Tenn (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John Frazier
13. Birthplace S. Carilona (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Thomas
15. Birthplace S. Carilona (City, town, or county) (State or foreign country)
16. (a) Informant Carl Frazier
(b) Address Eminence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo
19. (a) 3-16-48 (Date received local registrar) (b) Mabel Rosen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8 year 1948 hour 3 minute 45 A. M.
21. I hereby certify that I attended the deceased from 12-1-47 ~~3-8-48~~, 19, to 3-8- 1948; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	24 hours
Due to Hardening of the Arteries	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0
23. Signature W. T. Eudy (M. D. or other)
Address Eminence, Mo Date signed 3-8-48

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

RECEIVED
District Health Officer No. 5,
District File Number 448266
Date Filed 4-13-48

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 Chas. S. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.