

Registration District No. 272

Primary Registration District No. 5908

Registrar's No. 177

1. PLACE OF DEATH:
 (a) County Peñiscott
 (b) City or town Hermondale
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ark. (b) County Peñiscott 78
 (c) City or town Hermondale Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Holloway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ora Lavenia Frazer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Everett (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 12 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Blytheville Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer's wife

11. Industry or business _____

MOTHER FATHER

12. Name John Reams

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah McDaniel

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Frazer

(b) Address Hermondale Mo.

17. (a) Burial (b) Date thereof 5-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermondale Mo.

18. (a) Signature of funeral director Left Funeral Home Inc
 (b) Address Blytheville Ark.

19. (a) 7-9-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day May year 1948 hour 7 PM minute _____ M.

21. I hereby certify that I attended the deceased from April 1-48 to May 24 1948, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
Lutetium & Iodine

Due to _____
 Due to _____

Other conditions HSB
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to 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? _____

While at work? _____ (Specify type of place)
 Means of injury _____

23. Signature J.C. Miller (M. D. or other) _____
 Address Holloway Rd Date signed 6-3-48

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

7-48-1955

MAY 2 1955

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 Joe R. Stovall
Licensed Embalmer No. 3100
P. O. Address Blytheville

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.