

FILED AUG 16 1948

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)
In this community 65 years

3. (a) PRINT FULL NAME John Edward Frazier

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

4. Sex Male 5. Color or race White 6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced 3

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

7. Birth date of deceased April 7 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Minneapolis Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name William Frazier

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

14. Maiden name Unknown

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

16. (a) Informant E. Brown Schlabach
(b) Address Montgomery City, Mo.

17. (a) Burial (b) Date thereof June 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cemetery

18. (a) Signature of funeral director Charles H. Montebey

(b) Address Montgomery City, Mo.

19. (a) 7-29-48 (b) William J. Springs
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Montgomery City
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 1948 hour 9:45 minute P M.
year. 1948, hour, 9:45 minute P. M.
viewed 4:30 PM

21. I hereby certify that I attended the deceased from 27 July 1948 to _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA

Due to INFIRMITIES OF AGE

Due to _____

Other conditions ARTIO-SCLEROSIS
(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) (e) Means of injury _____

23. Signature Clement W. Leland Coroner (M. D. or other) D.B.

Address Montgomery City Date signed 28 July 48

WRITE PLAINLY—USE UNFADING BLACK INK—

RECEIVED
District Health Officer No. 9,
District File Number
AUG 12 1948
Date Filed

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.....
E. Boone Schlander

Licensed Embalmer No. *4136*

P. O. Address *Montgomery City*

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.