

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25243
Registrar's No. 17

FILED AUG 9 1948
Registration District No. 2388

Primary Registration District No. 4524

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon
(c) City or town Walker
(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 Nannie E. Frazier
(b) If veteran, name war ✓
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1948 hour 6 minute A M.
21. I hereby certify that I attended the deceased from frequency
for several days, to _____, 1948;
that I last saw her alive on July 24, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife _____ (c) Age of husband or wife If alive _____ years

Immediate cause of death Probably acute ventricular (high) failure
Due to Salvage heart through
Due to Patient had died several hours
Other conditions 2 saw her
(Include pregnancy within 3 months of death)
Major findings: C. B. Davis M.D.
Of operations: _____
Of autopsy: _____

7. Birth date of deceased: Oct 10 1869
(Month) (Day) (Year)
8. AGE: Years 78 Months 9 Days 16
If less than one day hr. _____ min. _____

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 _____

9. Birthplace Landon Co. Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business _____
12. Name Herod P. Frazier
13. Birthplace Landon Co. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Frazier
(b) Address Nevada, Mo. 1
17. (a) Burial (b) Date thereof 7-24-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Arnold Cemetery

23. Signature C. B. Davis (M. D. or other)
Address Walker Mo Date signed 7-28-48

18. (a) Signature of funeral director Allen & Kaye
(b) Address Nevada, Mo
19. (a) 8/5/1948 (b) Mrs Sarah Kay
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 76

District File Number 7-48-906

Date Filed 8-2-28

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.....

Bert B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed Allen S. Hays

Licensed Embalmer No.

P. O. Address NEVADA, 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.