

FILED SEP 9 1948

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **279**

1. PLACE OF DEATH:

(a) County **BUTLER**

(b) City or town **POPLAR BLUFF**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
506 MING ST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 DAYS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **BRENDA JANE FRAZIER**

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 **SINGLE**

6. (b) Name of husband or wife: **—**

6. (c) Age of husband or wife if alive: **—** years

7. Birth date of deceased: **AUG 19 1948**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
—	—	3	— hr. — min.

9. Birthplace: **POPLAR BLUFF MO**
(City, town, or county) (State or foreign country)

10. Usual occupation: **—**

11. Industry or business: **—**

MOTHER FATHER

12. Name **HARVEY EDWARD FRAZIER**

13. Birthplace **POPLAR BLUFF MO**
(City, town, or county) (State or foreign country)

14. Maiden name **NEUMA DAVIS**

15. Birthplace **SANTA ANNA CALIF**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harvey Frazier**

(b) Address **Gen Oak Poplar Bluff mo**

17. (a) **BURIAL** (b) Date thereof **AUG 23 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WOODLAWN CEM**

18. (a) Signature of funeral director **N.S. Phelps**

(b) Address **POPLAR BLUFF MO**

19. (a) **8/30/48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER**

(c) City or town **POPLAR BLUFF**
(If outside city or town limits, write "RURAL")

(d) Street No. **506 N. G ST**
(If rural, give location)

(e) Citizen of foreign country? **—** (Yes or No)
If yes, name country: **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUG** day **22**
year **1948** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **19 Aug 1948** to **22 Aug 1948**
that I last saw her live on **22 Aug 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Premature infant** Duration **9 days**

Due to: **—**

Due to: **—**

Other conditions: **—**
(Include pregnancy within 3 months of death)

Major findings: **159**

Of operations: **—**

Of autopsy: **—**

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)

(c) Means of injury: **—**

23. Signature **[Signature]** (M. D. or other) **—**

Address **Poplar Bluff mo** Date signed **22 Aug 48**

RECEIVED

Health Office No

District File Number 222-1

Date Filed 9-7-86

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.....^{not}

....., Registered Apprentice No.....
working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplan Bluff

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.