

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1948

Registration District No. 189

Primary Registration District No. 5424

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

1. PLACE OF DEATH:

(a) County Bunklin

(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
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 8 years (years, months or days)

3: (a) PRINT FULL NAME Jacey Frazier

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charlie Frazier

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 12 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 4 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Alpine Robins

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

14. Maiden name Aliza Benson

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

16. (a) Informant Charlie Frazier

(b) Address Campbell, Mo. R.1

17. (a) Burial (b) Date thereof 10-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Four Mile Cemetery

18. (a) Signature of funeral director Landess Funeral Home

(b) Address Campbell, Missouri

19. (a) 10/7/48 (Date received local registrar)

Mrs. Paula Campbell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bunklin

(c) City or town Campbell Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1948 hour _____ minute 11:00 pm

21. I hereby certify that I attended the deceased from 9/27, 1948, to 10/3, 1948;
that I last saw him alive on 10/1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-Enteritis

Duration 12 days

Due to _____

Due to _____

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

Major findings: 1200

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)

(e) Means of injury _____

23. Signature J. J. Pugh (M. D. or other) MD

Address Campbell, Mo. Date signed 10/4/48

RECEIVED

District Health Office No. 2,

District File Number 10-48-1334

Issued 10-13-48

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.....

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

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.