

S. No. 300
M-10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29465

FILED OCT 4 1948
Registration District No. 1948 8

Primary Registration District No. 2000

Registrar's No. 812

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2330 Travis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2330 Travis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Randolph Fraker
3. (b) If veteran, name war No. 3. (c) Social Security No. 500-05-3935

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 25 th
year 1948 hour 5 minute 05 P. M.

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

21. I hereby certify that I attended the deceased from 9-21-48 to 9-25-48
that I last saw him alive on 9-24-48 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 2 1876
(Month) (Day) (Year)

Immediate cause of death Encephalitis Duration 3 days

8. AGE: Years 72 Months 6 Days 23
If less than one day hr. _____ min. _____

Due to _____
Due to Virus infection of lungs Duration 5 days

9. Birthplace Dallas County Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Laborer

Major findings: Of operations 80 B

11. Industry or business _____

Of autopsy _____

12. Name Richard Randolph Fraker

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify) _____

14. Maiden name Mary Jane Hutchinson

(b) Date of occurrence _____

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

(c) Where did injury occur? _____ (City or town) (County) (State)

16. (a) Informant Miss Millie Fraker

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 2330 Travis, Springfield

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

17. (a) Burial (b) Date thereof 9-27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature C. E. Feller (M. D. or other) _____

(c) Place: burial or cremation Fraker Cemetery

Address 6096 Cherry Springfield Date signed 9/27

18. (a) Signature of funeral director W. L. Dunn

19. (a) 9-27-48 (b) W. E. Handley
(Date received local registrar) (Registrar's signature)

(b) Address Springfield, Mo.

(Date received local registrar) (Registrar's signature)

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.....

H. J. McCann

Licensed Embalmer No. *2727*

P. O. Address *Springfield, 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.