

RECD MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5419
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kan Primary Registration District No. 1002 Registered No. 618
(c) City Kansas City (d) Street No. 3810 Walnut St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 45 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Henry Clayton Fraser
(a) Residence, No. 3810 Walnut St St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion G. Fraser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-10-1887</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>7</u>
	DAYS <u>4</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Salesman</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Carte water</u>	
	10. Date deceased last worked at this occupation (month and year)..... <u>October 1938</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
FATHER	13. NAME <u>Wm. Henry Fraser</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
MOTHER	15. MAIDEN NAME <u>Esther Clayton Beebe Fraser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>	
17. INFORMANT <u>John Gage</u> (ADDRESS) <u>1007 Brydant Bldg. K.C., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>W. Washington Cemetery</u> DATE <u>of 14, 1938</u>		
19. FUNERAL DIRECTOR <u>Stone & Madchere</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>Feb. 14 1939</u> <u>M. M. Crause</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-39 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h Deputy Cor Death is said to have occurred on the date stated above, at 4th am.

The principal cause of death and related causes of importance were as follows:
Old Serious Mammery
Double Pulmonary Aneur
1938

Other contributory causes of importance:

Name of operation Aneur Date of 1938

What test confirmed diagnosis? Aneur Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify _____
(Signed) Russell W. Jones, M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)