

Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 147

1. PLACE OF DEATH:

(a) County Carroll 1
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Smith Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
In this community years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSIE RAY FRAZIER 6-26
8. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Mary Frazier 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased July 22 1917
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Dewitt Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business 0

MOTHER FATHER { 12. Name John Frazier 6
13. Birthplace Grand Pass Mo. 1
(City, town, or county) (State or foreign country)
14. Maiden name Elain Wheeler
15. Birthplace Haskell Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. John Frazier

(b) Address Dewitt Mo.

17. (a) Chemical (b) Date thereof Dec. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami Mo.

18. (a) Signature of funeral director Willie Marshall

(b) Address Carrollton Mo.

19. (a) 12/18/39 (b) Quitt Haskins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Dewitt Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1939 hour 2:00 minute five P.M.
21. I hereby certify that I attended the deceased from Dec. 17th, 1939, to Dec. 17, 1939, that I last saw him alive on Dec 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Fatal Burns from truck turned over.

Due to Truck turning over

Due to _____

Other conditions 8 1/2
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Dec. 17, 1939

(c) Where did injury occur? Northwest Carroll Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

On highway Smith side of National
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Benson (M. D. or other) 12/18/39
Address Carrollton Mo. Date signed 12/18/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

RECEIVED
District Health Officer No. 8,
District File Number
11/17/61
The Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.