No. 2
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17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38844

Registration District No. 385 FILED DEC 12 Primary Registration District No. 5536 Registrar's No.

1. PLACE OF DEATH:

(a) County HOWELL

(b) ~~City or town~~ "RURAL" WILLOW SPRINGS TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Near Reservoir West of Willow Springs, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No. (Specify whether
In this community 55 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL

(c) City or town RURAL Hutton Valley Twp.
(If outside city or town limits write "RURAL")

(d) Street No. Willow Springs, Mo. Rt. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ENSON FRAZEE

3. (b) If veteran, name war

3. (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 MONNIE FRAZEE

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

7. Birth date of deceased SEPT (Month) 21, (Day) 1868 (Year)

8. AGE: Years 72 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James H. Frazee
13. Birthplace Buchanan Co, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant DeRoy Frazee
(b) Address Willow Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. (Month) (Day) (Year)
Epps Cem.
(c) Place: burial or cremation Howell Co., Mo.

18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.

19. (a) 11-19-40 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER 11, year 1940 hour 10 minute 45a. M.

21. I hereby certify that I attended the deceased from 6-5-, 1938, to 11-11-, 1940; that I last saw him alive on 11-9-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	30 min.
Due to Essential Hypertension	5 yrs.
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
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? (Specify type of place)
345
While at work? (e) Means of injury

23. Signature C. F. Callihan M.D. (M. D. or other)
Address Willow Springs, Mo. Date signed 11-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Hal Thomburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, M

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.