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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2684

Registration District No. 336 Primary Registration District No. ~~336~~ 4199 Registrar's No.

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Cainsville, Missouri. 0
(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.

3. (a) PRINT FULL NAME Mable Hibbs Frazier

3. (b) If veteran, name war

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~~ Samuel L. Frazier

6. (c) Age of husband ~~or wife~~ if alive 70 years

7. Birth date of deceased August (Month) 15 (Day) 1883 (Year)

8. AGE: Years 57 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Worth County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Frank Hibbs
13. Birthplace (City, town, or county) Missouri. (State or foreign country) 0

MOTHER
14. Maiden name Maude McMahan
15. Birthplace (City, town, or county) Pennsylvania (State or foreign country) /

16. (a) Informant Samuel L. Frazier
(b) Address Cainsville, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director Eddie J. Stoklass
(b) Address Cainsville, Missouri.

19. (a) 1/10 (Date received local registrar) (b) C E Oden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th year 1941 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 1, 1939, to Jan 12, 1941; that I last saw him alive on Dec. 20, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardia Hypertrophy

Due to Arteriosclerosis

Due to

Other conditions 6 yrs Right side paralysis
(Include pregnancy within 3 months of death)
cause Cerebral Hemorrhage

Major findings:
Of operations —

Of autopsy No

Duration

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? 30 (Specify type of place)
While at work? In bed (e) Means of injury

23. Signature T. S. Duff M.D. (M. D. or other) 0
Address Cainsville, Missouri. Date signed 1/13/41

(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, ~~only~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Eddie J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.