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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7612

State File No. \_\_\_\_\_

MAR 19 1941  
Registration District No. 67

Primary Registration District No. 6763 Registrar's No. 18

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

1. PLACE OF DEATH:  
(a) County Mississippi  
(b) City or town Rural  
(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 5 yrs.  
years, months or days.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mississippi  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 13 miles Southeast of E. Prairie  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JULY FRAILEY

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 20  
year 1941 hour 3:25 minute P M.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from Oct, 1940 to Feb-20, 1941.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

7. (b) Name of husband or wife Charles Watson Frailey 7. (c) Age of husband 64 years

Immediate cause of death Cirrhosis of Liver

7. Birth date of deceased April 17 - 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Keeping house

11. Industry or business \_\_\_\_\_

12. Name John Song

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

14. Maiden name Unknown

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

16. (a) Informant Charles Watson Frailey

(b) Address Seventer, Mo

17. (a) Burial (b) Date thereof 2/21/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Baptist Mo

18. (a) Signature of funeral director George W. Whitaker  
(b) Address East Prairie Mo

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature George W. Whitaker (M. D. or other) \_\_\_\_\_

Address East Prairie Mo Date signed 3/19/41

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prarie, Ill

**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.**