FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 14332

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 119

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City, Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Prison Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Six years (Specify whether years, months or days)
In this community: Same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City (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: JAMES O. FRAZIER (45,120)
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 25 (Day) 1905 (Year)
8. AGE: Years 36 Months 2 Days 15 If less than one day hr. min.
9. Birthplace: Unknown (City, town, or county) / Kansas (State or foreign country)
10. Usual occupation: Plumber
11. Industry or business:
MOTHER FATHER
12. Name: Unknown James M Frazier
13. Birthplace: (City, town, or county) / Kentucky (State or foreign country)
14. Maiden name: Unknown Laura Day
15. Birthplace: (City, town, or county) / Iowa (State or foreign country)
16. (a) Informant: Marshall W. Kelly, M.D.
(b) Address: Jefferson City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/11/41 (Month) (Day) (Year)
(c) Place: burial or cremation: City Cem. Jefferson City, Mo.
18. (a) Signature of funeral director: Heinrichs Funeral Home
(b) Address: Jefferson City
19. (a) 4-11-41 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1941 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from March 28th, 1941 to April 10, 1941 that I last saw him alive on April 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Cholecystitis
Due to:
Due to:
Other conditions: Pneumonia (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Marshall W. Kelly M.D. (M.D. or other)
Address: MARSHALL W. KELLY, M.D. Date signed
Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address 712 E. 2 High

Jefferson City

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

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