

No. 2
-13-40
17-39
X23159

MAY 29 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15693

State File No. _____

Registration District No. 761

Primary Registration District No. 2014

Registrar's No. 13

1. PLACE OF DEATH:

(a) County. St. Clair

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

(c) Name of hospital or institution:
12 m. East of Appleton City Highway 52
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home
(Specify whether)

In this community 66 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County St. Clair

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 12 m. E. Appleton City
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MARY M. FRAZEE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Frazee

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Nov 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Benjamin Prinn

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

14. Maiden name Agnes Lauder

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

16. (a) Informant Leslie Long

(b) Address Lowery City Mo

17. (a) Burial (b) Date thereof Apr 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fidds Chapel

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) 4-28-41 (b) Mr. Ole Abrey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 22
1910, to April 28, 41
that I last saw _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage

Due to _____

Due to _____

Other conditions 12/11
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? 836
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Lee (M. D. or other) Dr. Lee
Address Appleton City Date signed 4-28-41

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

3
0
0

RECEIVED

District Health Officer No. 7,

District File Number 5-41-768

Date Filed 5-6-41

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 CME

on the 28th day of Apr 1941

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, fact should be so stated above.