S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22977

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 199

1. PLACE OF DEATH:
(a) County: Perry
(b) ~~City or town~~: Rural (If outside city or town limits, write "RURAL" and name of township) Washington
(c) Name of hospital or institution: State Hosp #3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days) In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Clair 08
(c) City or town Appleton City (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Anna Frazee Teel
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 Widow
6. (b) Name of husband or wife John H Teel
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 14 (Day) 1860 (Year)
8. AGE: Years 80 Months 6 Days 16 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Samuel S Frazee
13. Birthplace New Jersey (City, town, or county) (State or foreign country)
14. Maiden name Sarah Madden
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Hosp Rec
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/41 (Month) (Day) (Year)
(c) Place: burial or cremation Appleton City Mo
18. (a) Signature of funeral director Frank Eichinger
(b) Address Nevada Mo.
19. (a) 6/30/41 (Date received local registrar) (b) Allen V. Hayes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1941 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 20, 1941, to June 30, 1941 that I last saw h. alive on June 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. myocarditis
Due to: Generalized arteriosclerosis
Due to: Senile Dementia
Other conditions (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 Jas J Greene (M. D. or other)
Address Nevada Date signed 6/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1086
Date Filed 7-7-41

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Eichinger
Licensed Embalmer No. 2686
P. O. Address Nevada M

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

If this body is not embalmed, above space should be left blank.