

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30565

State File No. 3322

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2908 East 34th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 52 Years
years, months or days)

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. 2908 East 34th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 4th
year 1941 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug. 4 - 21
Aug. 4 1941 to Sept. 4 1941
that I last saw her alive on Sept. 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
of Rheumatic origin
Due to Interstitial nephritis - Chronic

Other conditions Hypertension
(Include pregnancy within 6 months of death)
Due to _____

Major findings:
Of operations _____
Of autopsy 318
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 D. H. Newcomer, Sr. (M. D. or other) D.O.
Address 810 Waldheim Bldg. Date signed Sept. 4/41

3. (a) PRINT FULL NAME Clarissa Elizabeth Frazier

3. (b) If veteran, name war No 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 Mr. William E. Frazier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 30 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 4
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown Humphrus

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

14. Maiden name Mary Elizabeth McBride

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

16. (a) Informant Nellie T. Scherer

(b) Address 2908 E 34th

17. (a) Burial (b) Date thereof Sept. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 Brush-Creek Blvd.
9/5/41 (c) M. M. Crow
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Frazier

11-12; 2-5

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..... *C. Hervey Quisenberry*

Licensed Embalmer No..... *4070*

P. O. Address..... *A.C. Mo.*

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.