

No. 2
13-40
17-39
X25159

FILLED NOV 14 1941

Registration District No. 25

Primary Registration District No. 3037

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
536 Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 536 Fulton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12th
year 1941 hour _____ minute 1:45 P.M.

21. I hereby certify that I attended the deceased from Oct 10 1941
_____ 19____ to Oct 12 1941
that I last saw her alive on Oct 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia

Due to _____
Due to _____
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.

3. (a) PRINT FULL NAME Anna Rose Frazier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife John Frazier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 7th 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 2 5 hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name William H. Wilkerson

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

14. Maiden name Unknown

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

16. (a) Informant Guy Frazier

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Oct 14th 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan & Son

(b) Address Moberly Mo

19. (a) 0 614-41 (b) Seah Williams
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury ✓
23. Signature [Signature] (M. D. or other) _____
Address Moberly Mo Date signed 10/14/41

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

MOTHER FATHER:

RECEIVED

District Health Officer No: 10

District File Number 11-41-2040

Date Filed NOV 13 1941

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 S Dr Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.