

S. No. 2  
1-1-441  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35940

Registration District No. 764

Primary Registration District No. 6008

Registrar's No.

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

1. PLACE OF DEATH:  
(a) County St. Clair  
(b) City or town Rural Osage  
(c) Name of hospital or institution:  
1/2 mi. S.E. of Appleton City  
(d) Length of stay: In hospital or institution.....  
In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Clair  
(c) City or town Rural  
(d) Street No.....  
(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME JAMES PARISE FRASURE  
(b) If veteran, name war none  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 27  
year 1941 hour 9 minute a. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Grace Frasure  
(c) Age of husband or wife if alive 72 years  
7. Birth date of deceased: June 10 1866

21. I hereby certify that I attended the deceased from July 3 1941 to Oct 27 1941  
that I last saw him alive on Oct 6 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Myocarditis, etc

8. AGE: Years 75 Months 4 Days 17 If less than one day hr. min.

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

9. Birthplace Missouri  
10. Usual occupation Farming

Other conditions.....  
Major findings: Of operations.....  
Of autopsy.....

MOTHER FATHER {  
11. Industry or business.....  
12. Name John Frasure  
13. Birthplace Tenn  
14. Maiden name Unknown  
15. Birthplace Unknown

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
938

16. (a) Informant Rollian Frasure  
(b) Address Appleton City Mo  
17. (a) Burial (b) Date thereof Oct 29 1941  
(c) Place: burial or cremation Appleton City, Mo  
18. (a) Signature of funeral director Frank Lee  
(b) Address Appleton City Mo  
19. (a) Nov. 4 1941 (b) James P. Carter

23. Signature W. A. [unclear] (M. D. or other) MD  
Address Appleton City Date signed NO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1801

Date Filed 11-6-41

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 DUE  
on the 27<sup>th</sup> day of Oct-1941, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee  
Licensed Embalmer No. 1099  
P. O. Address Appleton City-M

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.