S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 19

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5813

Registration District No. 50 Primary Registration District No. 3 0 0 4 Registrar's No. 5

1. PLACE OF DEATH:
(a) County BATES
(b) City or town BUTLER-
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 413 FT. SCOTT ST-
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 1 YR-

2. USUAL RESIDENCE OF DECEASED:
(a) State MO- (b) County BATES
(c) City or town BUTLER MO
(If outside city or town limits, write "RURAL")
(d) Street No. 413 FT. SCOTT ST-
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LILLIE A. FRAZER
3. (b) If veteran, name war X
3. (c) Social Security No. X
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife DANIEL FRAZER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN- (Month) 21 (Day) - 1882 (Year)
8. AGE: Years 60 Months 0 Days 15 If less than one day hr. min.
9. Birthplace PONTIAC ILL (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name OTTO FREUDE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARY ANN FRUGAR
15. Birthplace ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Harvey Robertson
(b) Address Butler Mo-
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation OREINT CEM-CASS CO
18. (a) Signature of funeral director Booths
(b) Address Butler mo-
19. (a) Feb 8 1942 (Date received local registrar) (b) Nena L Culver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb- day 5TH year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Jan 14, 1942, to Feb 5, 1942; that I last saw her alive on Feb 5, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apicular Tuberculosis	
Due to: Chronic Myocarditis	
Due to: Chr. Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
Of autopsy	

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 O

23. Signature Miles H. Butler (M. D. or other) MD
Address Butler, Mo Date signed 2/7/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-42-218
Date Filed 3-10-42

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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.