

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6283

State File No. _____

FILED MAR 13 1942

Registration District No. 102

Primary Registration District No. 4095

Registrar's No. 7

20
10
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Cedar

(b) City or town. El Dorado Springs Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Meyers Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Cedar 20

(c) City or town. El Dorado Springs Mo 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Mo 0 (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME CLARA A. FRAZIER

3. (b) If veteran, name war. None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
year 1942 hour 9 minute 20 AM.

4. Sex. Female

5. Color or race. White

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife. _____

6. (c) Age of husband or wife if alive. 86 years

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

21. I hereby certify that I attended the deceased from Feb. 12, 1942 to Feb. 23, 1942 that I last saw her alive on February 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. arteriosclerosis 1 yr.

8. AGE: Years 79 Months 4 Days 23 If less than one day hr. min.

Due to _____

Due to _____

Other conditions. _____
(include pregnancy within 3 months of death)

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

10. Usual occupation. Housewife

PHYSICIAN

Major findings: _____

Of operations. _____

Of autopsy. None

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business. _____

12. Name. J. R. Herford

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

14. Maiden name. Ella Wright

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

16. (a) Informant. Leng P. Harrell

(b) Address. Fairfield Iowa

17. (a) Burial, cremation, or removal. Burial

(b) Date thereof. 2/24/42
(Month) (Day) (Year)

(c) Place: burial or cremation. El Dorado Cemetery

18. (a) Signature of funeral director. Charles Kureme Home

(b) Address. El Dorado Springs Mo.

19. (a) 2-24-42 (Date received local registrar)

(b) L. J. D. [Signature] (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)

(e) Means of injury. _____

23. Signature J. R. Williams, (M. D.)
Address El Dorado Springs Date signed 2-24-42

1046 (Licensed Embalmer's Statement on Reverse Side)

MAR 8 1958

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 George W. Mafus
Licensed Embalmer No. 2752
P. O. Address El Dorado Springs, 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.