

FILED JUN 26 1942
Registration District No. 829

Primary Registration District No. 5042C

State File No. _____

Registrar's No. 43

500

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

1. PLACE OF DEATH:

(a) County. Barry
(b) City or town. Wheaton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community. 33 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Oscar Burton Frazier

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Oct. 14 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 19 If less than one day
hr. _____ min.

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

10. Usual occupation Night Watchman city of Wheaton

11. Industry or business _____

12. Name John M. Frazier

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

14. Maiden name Anna Brown

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

16. (a) Informant Joe Frazier

(b) Address Wheaton, MO.

17. (a) Burial (b) Date thereof 5/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncy Chapel Cem.

18. (a) Signature of funeral director Wm Meins Pizer

(b) Address Wheaton, Mo.

19. (a) May 8 1942 (b) Grace Williams
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 ST
year 1942 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him alive on May 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death suicide

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 1 - 1942

(c) Where did injury occur? Wheaton Barry MO
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Means of injury Shot

23. Signature John P Ellison (M. D. or other) MD

Address Wheaton MO Date signed May 6 - 42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 642-900

Date Filed JUN 24 1942

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 Wm Morris Pogue

Licensed Embalmer No. 3407

P. O. Address Wheaton 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, above space should be left blank.