

FILED AUG 10 1942

Registration District No. 825

Primary Registration District No. 1001

Registrar's No. 723

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1125 - 1 RIDENBAUGH.
(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 ABT- 50-YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1125 Ridenbaugh
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN-THOMAS-FRAZIER.

3. (b) If veteran, name war no

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 7 minute 30.0 M.

21. I hereby certify that I attended the deceased from Feb. 9 1942 to July 19 1942

that I last saw him alive on July 9 1942 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color Wh 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Sept. 19 1856
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis

8. AGE: Years 85 Months 10 Days 0 If less than one day _____ hr. _____ min.

Due to _____

Due to 9/4

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

10. Usual occupation Retired Carpenter Contractor

Other conditions _____ (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name _____

Of autopsy _____

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

14. Maiden name Wastide

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

16. (a) Informant Mrs Maud B. Frazier

(b) Address 412 N. Gladstone Blvd

17. (a) _____ (b) Date of death 7-21
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo

18. (a) Signature of funeral director Roy Starney

(b) Address St Joseph Mo

19. (a) 7-21-42 (b) Rose Hagog
(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) (c) Means of injury _____

23. Signature Harold J. Bruner (M. D. or other) _____

Address St Joseph, Mo Date signed 7-21-42

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

MOTHER FATHER

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

1235

AUG 1 01942

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 Roy Slattery
Licensed Embalmer No. 2435
P. O. Address St Joseph 76

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.