S. No. 2
I—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 JAN -8 1943

Registration District No. 277

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5949

State File No. 41620

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: W. Locust 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Bowling Green 1
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME George Frazier

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of ~~husband or~~ wife Mamie Frazier

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 25 (Day) - 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	3	hr. min.

9. Birthplace Near Eolia - Pike Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired R.R section

11. Industry or business laborer

FATHER
12. Name Samuel Frazier
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name Melvira Huff
15. Birthplace Near Eolia (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Mamie Frazier
(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3-1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Bowling Green Mo.

18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green

19. (a) Dec 8/42 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

1148

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th year 1942 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1942 to Nov. 28th, 1942 that I last saw him alive on Nov. 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to —

Due to —

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

107

Major findings:
Of operations None
Of autopsy None

Duration

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 0

23. Signature J B Biggs M.D. (M. D. or other)

Address Bowling Green, Mo. Date signed 12/1/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number ~~1-43-167~~ 1-43-6
Date Filed Jan-6-1943

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 H. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.