No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2690

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 6.

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community All Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Lexington, Mo. (If outside city or town limits, write "RURAL")

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

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

If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Frazier.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race Col.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 22 (Day) 1865 (Year)

8. AGE: Years 77 Months 5 Days 1 If less than one day — hr. — min.

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

10. Usual occupation House Keeper.

11. Industry or business Home

FATHER
12. Name Deceased
13. Birthplace — (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Deceased
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Rosa Hunter

(b) Address Lexington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director Green & Sons

(b) Address Lexington, Mo.

19. (a) 1-25-43 (Date received local registrar) (b) Mrs Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd year 1943 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 10, 1942 to Jan. 23, 1943 that I last saw her alive on Jan. 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration Since 1/19/43.

Due to Ruptured Cerebral Vessel. Secondary to Arteriosclerosis

Due to Chr. Myocardial Disease & Hypertrophy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none.

Of autopsy none

93d

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 —

23. Signature [illegible] West, M.D. (M.D. or other)

Address Lexington, Mo. Date 1/25/43

1/15 8

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 2-5-42

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 William Nunley

Licensed Embalmer No. 3105

P. O. Address Lexington, 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.