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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6180

FILED MAR 10 1943
98

State File No.

Registration District No. 98

Primary Registration District No. 4165

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Gallatin
(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 12 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess

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

(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 Thomas Waverly Frazier

3. (b) If veteran, name war None

3. (c) Social Security No. 500-07-9606

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1943 hour 3 minute 30 A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Annie Gay Frazier

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased December 18 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 1942 to Feb. 14 1943
that I last saw him alive on Feb. 14 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>1</u>	<u>27</u>	hr. min.

Immediate cause of death Carcinoma Stomach & Liver 1 yr.

Due to

Due to

9. Birthplace Rappahannock Co. Virginia
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 46 lb

10. Usual occupation Laborer

11. Industry or business City of Gallatin

Major findings: Of operations

Of autopsy

MOTHER FATHER

12. Name George Frazier

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

14. Maiden name Letta C. Jenkins

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Owen Frazier

(b) Address Gallatin, Mo.

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

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

(b) Date of occurrence

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

(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?

18. (a) Signature of funeral director Hope Furn. & Undt.

(b) Address Gallatin, Mo.

23. Signature Lloyd E. Nelson (M. D. or other)

Address Gallatin, Mo. Date signed 2-16-43

19. (a) 2-16-1943 (Date received local registrar)

(b) L. D. Dickerson (Registrar's signature)

1084

(Licensed Embalmer's Statement on Reverse Side)

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

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

L. O. Richerson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.