

S. No. 2  
DOM-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 17 1943

262  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42506

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 287

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence  
(c) Name of hospital or institution: 804 North Spring  
(d) Length of stay: In hospital or institution. 40 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(d) Street No. 804 North Spring  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EMMA J FRAZIER  
3. (b) If veteran, name war NONE  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month NOV. day 7  
year 1943 hour 2 minute 40 A.M.  
21. I hereby certify that I attended the deceased from Nov 2 1943 to Nov 7 1943  
that I last saw her alive on Nov 7 1943  
and that death occurred on the date and hour stated above.

4. Sex Female  
5. Color or race white  
6. (a) Single, widowed, married, divorced, or separated Married  
6. (b) Name of husband or wife John L. Frazier  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased May 15 1879

Immediate cause of death Apoplexy

8. AGE: Years 64 Months 5 Days 22

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace Kansas City Missouri  
10. Usual occupation Housewife

MOTHER FATHER  
12. Name John L. Hook  
13. Birthplace Baltimore Maryland  
14. Maiden name Mary Gordon  
15. Birthplace Baltimore Maryland

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

16. (a) Informant John L. Frazier  
(b) Address 804 North Spring St  
17. (a) Burial, cremation, or removal (b) Date thereof Nov 9 1943  
(c) Place: burial or cremation Woodlawn Cemetery  
18. (a) Signature of funeral director  
(b) Address Independence, Mo.  
19. (a) 11-8-43 (Date received local registrar)  
(b) James W. Ross (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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
(e) Means of injury  
23. Signature Fred J. Zammarino (M.D. or other) D.O.  
Address: Martine bed - Miss. Mo Date signed 11-8-43

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

28  
49  
4

1165

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**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.....

*Dean Owens*

Licensed Embalmer No.....

*4288*

P. O. Address.....

*Independence, 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.**