

FILED MAR 15 1944

Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County **Marion**  
(b) City or town **Hannibal**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Residence 210 North Fifth**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME **Louis Edward Frazer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Jennie E Frazer** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **November 5, 1860**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **10** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **XX**

12. Name **Dr. James W Frazer**

13. Birthplace **No record**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Laura Hawkins**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. L. E. Frazer**

(b) Address **210 North Fifth Hannibal Mo.**

17. (a) **Burial** (b) Date thereof **2/17/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery Palmyra**

18. (a) Signature of funeral director **Wm M Smith**  
(b) Address **902 Broadway Hannibal Missouri**

19. (a) **2-18-44** (b) **R J Connor**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**  
(c) City or town **Hannibal**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **210 North Fifth**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15**  
year **1944** hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Aug 20** to **Feb 15**, 19**44**  
that I last saw him alive on **2/15**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Generalized Arterio-Sclerosis**  
**Senility**  
Other conditions **Pericarditis**  
(Exclude pregnancy within 6 months of death)

Duration **24 hr.**  
**years**  
**1 yr.**

PHYSICIAN

Major findings:  
Of operations **94A**  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

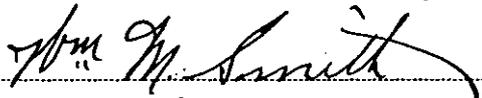
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature **W B Winters** (M. D. or other) \_\_\_\_\_  
Address **Hannibal Mo** Date signed **2/16/44**

1146

**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.....

.....George T. Bond....., Registered Apprentice No. ....350.....  
working under my personal supervision.

Signed..........

Licensed Embalmer No. ....1204.....

P. O. Address.....Hannibal Missouri.....

**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.**