

No. 2
4-2-43
5-17-39
I X35897

FILED SEP 7 1944

Registration District No. _____

Primary Registration District No. 50.5

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 210 days
(Specify whether years, months or days)
In this community 210 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Claude J. Fraser

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

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

6. (b) Name of husband or wife Frankie Brickell Fraser 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased June (Month) 20 (Day) 1904 (Year)

8. AGE: Years Months Days If less than one day
40 2 8 hr. min.

9. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Unknown
13. Birthplace FL Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Flora Caterer
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo

17. (a) Removal (b) Date thereof Aug 28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Geo B Orr (Specify type of place) (e) Means of injury _____

(b) Address 8/1 2 Mt. Vernon

19. (a) Aug 28 1944 (b) Andy Crumford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
year 1944 hour 7:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2-7-44, 19____, to 8-28-44, 19____;
that I last saw him alive on August 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs

Due to 13 yrs

Other conditions St. otitis media 15 yrs
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Y. F. Furukawa (M. D. or other) MD.
Address Mt. Vernon, Mo Date signed 8-28-44

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

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

1338

RECEIVED

District Health Officer No. 6,

District File Number 944-983

Date Filed SEP 5 1944

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.....

Geo B Orr

Licensed Embalmer No.....

946

P. O. Address.....

7th Vernon

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.