

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

STANDARD CERTIFICATE OF DEATH

State File No. **40972**

FILED JAN 3 1945
Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **293**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 84 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 407 Brooks Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Richard Frazier

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: February 4 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation: Unemployed-Invalid

11. Industry or business _____

12. Name: William H. Frazier

13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name: Missouri Merritt

15. Birthplace: West Va.
(City, town, or county) (State or foreign country)

16. (a) Informant: Lavonia Frazier
(b) Address: Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec-24-1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Old City Cemetery

18. (a) Signature of funeral director: W. J. Jordan

(b) Address: Jefferson City, Missouri

19. (a) 12-28-45 (Date received local registrar) (b) A. P. Dennis MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd year 1945 hour 6 minute 15 M.

21. I hereby certify that I attended the deceased from Dec 22, 1945 to Dec 29, 1945 that I last saw him alive on Dec 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Due to: Influenza
Due to: _____

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____
Of autopsy: 336

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature: [Signature] (M. D. or other) MD
Address: Jefferson City, Mo Date signed: 12-24-45

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

RECEIVED

District Health Officer 'No. 9,

District File Number.....

Date Filed 1-2-45

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 Levi P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.