V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5610

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 902

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital ~~or institution~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 MONTH (Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 604 WEST 70TH TERRACE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME: MR. FRANK F FRAZIER

3. (b) If veteran, name war: No

3. (c) Social Security No. 487-05-7400

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband ~~or~~ wife: MRS. MAUDE E. FRAZIER

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: DECEMBER (Month) 12 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	2	8	hr. min.

9. Birthplace: SILVER CITY (City, town, or county) IOWA (State or foreign country)

10. Usual occupation: CALF BUYER

11. Industry or business: K.C. STOCKYARDS

FATHER
12. Name: JAMES A. FRAZIER
13. Birthplace: OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARY M. CROSS
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Maude E. Frazier
(b) Address: same 604 W. 70th Terrace

17. (a) ~~Not Buried~~ (Burial, cremation, or removal) (b) Date thereof: 2-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation: entombment Mt. Moriah Temple

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 BRUSH CREEK BLVD.

19. (a) 2-22-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 20TH year 1946 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec 28, 1945 to Feb 20, 1946 that I last saw him alive on Feb 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma involving fifth cervical vertebra —	
Due to: Primary squamous cell carcinoma Primary growth unknown	
Due to: Frozen section was made from biopsy morning of Feb 20 1946	
Other conditions (Include pregnancy within 3 months of death):	
(Major findings) Of operations: Biopsy left neck 2-20-46	
Of autopsy: Refused -	

M. M. D.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Arch Firth (M. D. or other)
Address: 934 Rigg Blk Kansas City, Mo
Date signed: Feb 21, 1946

(Licensed Embalmer's Statement on Reverse Side)

934 Argyle Bldg.

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 Earl Rapp

Licensed Embalmer No 23458

P. O. Address K.C. 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.