

FILED MAR 18 1948

Registration District No. 149

Primary Registration District No. 1002

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:
Churchs Shelter Home 2425 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs.
(Specify whether
In this community 45 yrs.
years, months or days)

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. 2425 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James H. 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 married
6. (b) Name of husband or wife Laura Mae Frazier 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan. 21 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 11 hr. min.

9. Birthplace Bourbon Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Self.

MOTHER FATHER { 12. Name William M. Frazier
13. Birthplace no record Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy E. Huttzell
15. Birthplace no record Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Frazier
(b) Address 3906 Highland

17. (a) burial (b) Date thereof Mar. 5, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kans.

19. (a) 3-6-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 9, 1946
to Mar 2, 1946
that I last saw him alive on Mar 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease Duration 2 yrs

Due to Hypertrophied prostate 5 "

Due to _____

Other conditions Persistent diarrhoea 10 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 31a
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 D. P. Klipping (M. D. or other) _____
Address 615 Angelle Blvd, KC Mo Date signed 3/5/46

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

Dr. Klefman
Argyris Hidy.

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 Thomas Blanford

Licensed Embalmer No. 40115

P. O. Address 41 St. Martin

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.