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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23599

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3142

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

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:
1415 Broadway Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME John W. Frazier

3. (b) If veteran, name war None

3. (c) Social Security No. under

4. Sex Male 5. Color or race White

6. (a) 430-26-6082 Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Frazier

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 24 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66	1	22	_____ hr. _____ min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Frazier

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

14. Maiden name Margaret Ruth

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

16. (a) Informant Mrs. Lena Frazier

(b) Address 1415 Broadway St. K.C. Mo.

17. (a) Removal (b) Date thereof 7-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Missouri

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

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 7-19-46 (b) Geraldine Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 Broadway Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1946 hour 3:55 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Reputed Coronary Thrombosis pericardium Ruptured Heart

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 932

Major findings: Of operations _____

Of autopsy See Above

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) (Specify means of injury)

23. Signature A.E. Weiser (M. D. or other) _____
Address 2800 Mun Date 7/16/46

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..... *Blaine E. Waul*

Licensed Embalmer No. *4075*

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.