

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

27128

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED SEP 3 1946**

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3596

**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:  
General Hospital No. 20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether years, months or days) 47 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. 1521 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** PETER FRAZIER  
**3. (b) If veteran,** name war no  
**3. (c) Social Security No.** NONE  
**4. Sex** Male **5. Color or race** Negro  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Ella Frazier  
**6. (c) Age of husband or wife if alive** 60 years  
**7. Birth date of deceased** June 5, 1880  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month August day 17 year 1946 hour 4 minute 45 a. M.  
**21. I hereby certify that I attended the deceased from** July 30, 1946, to August 17, 1946.  
that I last saw him alive on August 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Type Heart Disease with Decompensation  
Due to \_\_\_\_\_  
Died to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 932  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**8. AGE:** Years 66 Months 2 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** Sumpter County, Mississippi  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** LABOR  
**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER** { **12. Name** Wesley Frazier  
**13. Birthplace** Mississippi  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Laura  
**15. Birthplace** MISSISSIPPI  
(City, town, or county) (State or foreign country)  
**16. (a) Informant** Ella Frazier  
**(b) Address** 1521 Virginia Ave.  
**17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8-21-1946  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** LINCOLN C E M.  
**18. (a) Signature of funeral director** Brady-Braun  
**(b) Address** 1708 5th  
**19. (a) 8-20-46** (Date received local registrar) **(b) Geraldine Holme** (Registrar's signature)**

**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) Means of injury \_\_\_\_\_  
**23. Signature** \_\_\_\_\_ (M. D. or other) M.D.  
**Address** 600 E. 22nd Street **Date signed** 8/17/46

(Licensed Embalmer's Statement on Reverse Side)

25969 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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 \_\_\_\_\_

Licensed Embalmer No. 12717

P. O. Address Kansas 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.**