S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21368

FILED JUL 8 1947

Registration District No. 1736

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Market---pronounced dead upon arrival at Freeman Hospital
(If in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Galena 14
(If outside city or town limits, write "RURAL")
(d) Street No. W. 7th Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Herman Calvin Frazier
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January 6, 1877 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	19	hr. min.

9. Birthplace Indiola, Iowa (City, town, or county) (State or foreign country)
10. Usual occupation retired mining man
11. Industry or business
FATHER
12. Name William Frazier
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Marietta
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dora Alexander
(b) Address W. 7th St., Galena, Ks.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Peace Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 5-27-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 20 OR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 23 day
year 1947 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from ..... 19.. to ..... 19..
that I last saw h..... alive on ..... 19..
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 94A
Of autopsy
Corners Investigation
Duration
PHYSICIAN
Underline the cause of 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 A. H. Leufelt (Name, or other) Do
Address 2114 Joplin Date signed 5/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 15 1947

JUL 15 1947

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.