No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1947

Registration District No. 172

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24681

Primary Registration District No. 4272

Registrar's No. 41

**1. PLACE OF DEATH:**
(a) County: Lafayette
(b) City or town: Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kelling Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All his life

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo (b) County: Saline
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Two miles north of Brandy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Elijah Robert Frazier
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Callie White
6. (c) Age of husband or wife if alive, deceased: years
7. Birth date of deceased: July (Month) 22 (Day) 1872 (Year)

8. AGE: Years 74 Months 10 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: Saline Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER 12. Name: Thomas Henry Frazier
FATHER 13. Birthplace: Saline Co. (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Underwood
MOTHER 15. Birthplace: — (City, town, or county) — (State or foreign country)
16. (a) Informant: Ted Frazier
(b) Address: Grand Pass Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 24 (Month) (Day) 1947 (Year)
(c) Place: burial or cremation: Waverly Cemetery
18. (a) Signature of funeral director: Campbell-Lewis
(b) Address: Marshall Mo
19. (a) 6-24-49 (Date received local registrar) (b) Clayton N. Landrum (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 6:30 minute P M.
21. I hereby certify that I attended the deceased from June 21, 1947 to June 21, 1947 that I last saw him alive on June 21, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of the stomach | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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: 0

23. Signature: Douglas Kelling (M. D.)
Address: Waverly, Mo. Date signed: 6/24/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 7-16-47

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 O. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.**