

No. 2
5-45
17-30
X26871

FILED APR 8 1948

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Franklin

(b) City or town: Kennett Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Franklin

(c) City or town: Kennett
(If outside city or town limits, write "RURAL")

(d) Street No.: 103 N. St. 35
(If rural, give location)

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

3. (a) PRINT FULL NAME: JOHN. FOREST. FRAZIER.

3. (b) If veteran, name war: WT

3. (c) Social Security No.: Mo

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: Dec-25 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from March 8th 1948, to March 10 1948
(that I last saw him alive on March 10 1948 and that death occurred on the date and hour stated above.)

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

80 - 2 15 hr. min.

Immediate cause of death: Cerebro-Vascular accident

Due to: Hypertensive Cardio-Vascular disease

Due to: _____

9. Birthplace: North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Other conditions: Extensive 2nd degree Burn of 2 days duration

(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name: unknown 9

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

14. Maiden name: unknown

15. Birthplace: unknown 9
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

16. (a) Informant: J. Edgar Frazier

(b) Address: 103 N. St. Kennett Mo

17. (a) _____ (b) Date thereof: 3/12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Ridge

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence: 35

(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)

18. (a) Signature of funeral director: W. T. Emerson

(b) Address: Franklin Mo

19. (a) 3-29-1948 (b) Earl H. ...
(Date received local registrar) (Registrar's signature)

While at work? _____ (a) Means of injury _____

23. Signature: Chester R. Peck (M. D. or other) M.D.

Address: Kennett, Mo. Date signed: Mar 12 1948

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

W. Beck

RECEIVED

District Health Office No. 2

District File Number *442-423*

Date filed *4-2-48*

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.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. 37

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

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

3. (a) PRINT FULL NAME John F. Frazer
3. (b) If veteran..... name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar Day 8 Year 1948 hour..... minute..... M.....
21. I hereby certify that I attended the deceased from..... to.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.
immediate cause of death.....

4. Sex m 5. Color of race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive.....
7. Birth date of deceased see 25 (Month)..... (Day)..... (Year).....

Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years 80 Months..... Days..... If less than one day hr..... min.....
9. Birthplace..... (City, town, or county)..... (State or foreign country).....

10. Usual occupation.....
11. Industry or business.....
MOTHER FATHER
12. Name.....
13. Birthplace..... (City, town, or county)..... (State or foreign country).....
14. Maiden name.....
15. Birthplace..... (City, town, or county)..... (State or foreign country).....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Mar 8, 1948
(c) Where did injury occur? Home - Kennett mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work?..... (Specify type of place) (e) Means of injury Burn

16. (a) Informant.....
(b) Address.....
17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation.....
18. (a) Signature of funeral director.....
(b) Address.....
19. (a)..... (b)..... (Registrar's signature)
(Date received local registrar)

23. Signature Charles R. Peck (M. D. or other) M.D.
Address Kennett mo Date signed 8

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

SUPPLEMENTARY

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1948

S-8334

Richard H. Brown
W.D.
Chester R. Brown