S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9188

FILED MAR 29 1948

Registration District No. 960 — Primary Registration District No. 5592 — Registrar's No. 18

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town RURAL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Festus RFD #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 81 years, months or days)

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

3. (a) PRINT FULL NAME George R. Frazier
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex MO
5. Color or race W
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov (Month) 27 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Platten (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Jules Frazier
13. Birthplace Platten (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Jane Sweet
15. Birthplace Platten (City, town, or county) Mo (State or foreign country)
16. (a) Informant Walter Frazier
(b) Address Festus RFD #1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Charter
18. (a) Signature of funeral director Finks
(b) Address Festus Mo
19. (a) Feb 28 1948 (Date received local registrar) (b) Sleara Bellevill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24 year 1948 hour 11 minute — P.M.
21. I hereby certify that I attended the deceased from Feb 18th, 1948, to February 24, 1948; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	
Due to	
Due to Arteriosclerosis Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 10	
Of autopsy	

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 Harry Goskat (M. D. or other) MD
Address Festus MO Date signed 2/28/48

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

RECEIVED
District Health Officer No. 9,
District File Number MAR 27 1948
Date Filed

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 Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Lestus 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.