

FILED FEB 16 1942 **744**
Registration District No. _____

Primary Registration District No. **3635**

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

1. PLACE OF DEATH:

(a) County **Ray Co.**
(b) City or town **Richmond Mo.**
(c) Name of hospital or institution: **Richmond Hospital**
(d) Length of stay: In hospital or institution **31 days**
In this community **All Her Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**
(c) City or town **Richmond Mo.**
(d) Street No. **Rural**
(e) Citizen of foreign country? **Citizen**
If yes, name country **U.S.A.**

3. (a) PRINT FULL NAME **Fannie E. Fravel**

3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Perry M. Fravel Deceased**
6. (c) Age of husband or wife in years _____

7. Birth date of deceased **July 27 th, 1871.**
(Month) (Day) (Year)

8. AGE: Years **70 yrs.** Months **6** Days **13**
If less than one day hr. _____ min. **0**

9. Birthplace **Ray Co., Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home Keeper**

11. Industry or business _____

12. Name **William J. Frazier**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ann Elizabeth Rimmer**

15. Birthplace **Ray Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John S. Frazier**

(b) Address **Richmond Mo., R.F.D.**

17. (a) **Burial** (b) Date thereof **1-16-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hickory Grove Cemetery**

18. (a) Signature of funeral director **W. Brothers**

(b) Address **Richmond Mo.**

19. (a) **Jan 15, 1942** (b) **Chas W. Shugart**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan 15** day _____
year **1942** hr. _____ minute **4 a** M.

21. I hereby certify that I attended the deceased from **Dec 1 1941** to **Jan 15 1942**
that I last saw him alive on **Jan 15 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
arterio Sclerosis

Other conditions **830**
(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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. E. Gray** (M. D. or other) _____
Address **Richmond Mo** Date signed **1-15-42**

RECEIVED

District Health Officer No: 8,

District File Number -----

Date Filed 2-12-42

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.....

J.B. Brothers

....., Registered Apprentice No.....

working under my personal supervision:

Brothers Funeral Home

Signed: 

Licensed Embalmer No. **3001.**

P. O. Address **Richmond 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.