N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

44406

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 1050
City Springfield Mo. (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Elpha Misemer
(a) Residence, No. Cuenton R. R. # St. Ward. Everton Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: S
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1920
7. AGE ✓ YEARS 16 MONTHS 5 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

FATHER
13. NAME Lavilla Misemer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

MOTHER
15. MAIDEN NAME Mae Blaisdell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co. Mo.

17. INFORMANT (ADDRESS) Millard Misemer Cuenton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Misemer DATE 12-17-1936
19. UNDERTAKER (ADDRESS) Monnie & Leiman Miller Mo.
20. FILED Dec 16 1936 Chas A George Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936
22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19...., to Dec. 15, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.45 P m.
The principal cause of death and related causes of importance were as follows:
Multiple fracture of Pelvis
Rupture of bladder
& internal hemorrhage
Date of onset
Other contributory causes of importance:
210 M
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-15, 1936
Where did injury occur? Springfield, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On city street
Manner of injury Auto accident collision of two cars
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. P. Patterson, M. D.
(Address) Springfield, Mo.

Coroner of Greene County Mo.