

REC'D FEB 20 1939

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

1219

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 100
(c) City Hanson City (d) Street No. 5121 Lydia Registered No. 232
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 263 Walter H. Dizzard St. (Usual place of abode; if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eleanor Louise Dizzard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 1887
7. AGE YEARS 65 MONTHS 4 DAYS 25 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Train Broker
9. Industry or business in which work was done, as 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) Port Elgin Ontario, Canada
13. NAME Walter Dizzard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Sarah Jane Perrine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
17. INFORMANT Mrs. Evelyn Dizzard Brown (ADDRESS) 5121 Lydia
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mansfield DATE Jan 21 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomb
Bush Creek & Pines
20. FILED Jan 19 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1938, to Jan. 19 1939.
I last saw him alive on Jan. 18 1939. Death is said to have occurred on the date stated above, at 6:57 am.
The principal cause of death and related causes of importance were as follows:
Carcinoma of the recto-sigmoid
Other contributory causes of importance:
Metastasis to liver & other vital organs
Name of operation Colostomy Date of 11-9-38
What test confirmed diagnosis? Operation Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify Paul J. Hunt, M. D.
(Signed) 424 Pop. Bldg. K.C. Mo.
(Address)

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.....

Neil Carr

Licensed Embalmer No.....

3976

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.