

REC'D JUN 14 1939

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

19647
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township _____ Primary Registration District No. 4464
 (c) City Farmington (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

260 Magdalene Biser
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-21-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) How Mt. Mo.

FATHER 13. NAME John Biser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary Danlann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Wm Herbert R1 Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise DATE 5/31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Meisick and Co Farmington Mo

20. FILED May 31, 1939 B. J. Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1939, to May 29, 1939
 I last saw her alive on May 29, 1939 Death is said to have occurred on the date stated above, at 4:35 P. m.
 The principal cause of death and related causes of importance were as follows:

General Paralysis Date of onset May 29, 1939
Apoplexy
 Other contributory causes of importance: g. d. w.

Name of operation Obit Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____ (Signed) R. P. R. R. R. _____, M. D.
699 (Address) Farmington Mo

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.

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,

John A. Bennett, or by

Registered Apprentice No....., working under my personal supervision.

Signed *John A. Bennett*

Licensed Embalmer No. *7238*

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, above space should be left blank.