DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29889

REG'D SEP 13 1939

Registration District No. 69

Primary Registration District No. 6877

Registrar's No.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County: Perry

(b) City or town: Rural --- Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 72 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Perry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 72 years.

3. (a) PRINT FULL NAME: Fred Miesner 256

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Sophia Miesner

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May (Month) 4 (Day) 1861 (Year)

8. AGE: Years 78 Months 3 Days 20 If less than one day hr. min.

9. Birthplace: Hanover (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Henery Miesner
13. Birthplace: Hanover (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Maria Bellman
15. Birthplace: Hanover (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature: Otto Miesner.
(b) Address: Brazeau. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 28 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Farrar

18. (a) Signature of funeral director: Young & Sons.
(b) Address: Perryville, Mo.

19. (a) Sept 9 (Date received local registrar) (b) Beb Halter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1939 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 31st, 1939, to August 25th, 1939, that I last saw him alive on August 25th, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to: Arteriosclerosis	
Arterial Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: No operation

Of autopsy: No 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? (Specify type of place)
While at work? (e) Means of injury:

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23. Signature: Theodore Fischer (M. D. ~~coroner~~)
Address: Altenburg, Missouri Date signed 9/26/39

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, Mo

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

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