DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1937

Registration District No. 124 — Primary Registration District No. 4076 — Registrar's No. 3

FILED FEB 12 1940

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson Mo. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 9 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir

(c) City or town Jackson Mo (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Earl Mizell Qui

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 19 - 1933 (Month) (Day) (Year)

8. AGE: Years 6 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Jackson Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Paul Mizell
13. Birthplace Cape Girardeau Co Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Viola Reed
15. Birthplace Cape Girardeau Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Mizell

(b) Address Jackson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lemon Cemetery

18. (a) Signature of funeral director McCombs & Co

(b) Address Jackson Mo 1 [illegible]

19. (a) 1-13-1940 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec, 1938, to Jan 12, 1940 that I last saw him alive on Jan 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration about 4 yrs

Due to

Due to 54

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy None

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

23. Signature D. J. L. Drobaugh (M. D. or other)

Address Jackson Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

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

working under my personal supervision.

Signed.....B A Meyer.....

Licensed Embalmer No.....3057.....

P. O. Address.....Jackson Mo.....

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

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