

JUL 15 1940 129
Registration District No.

Primary Registration District No. 5750

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(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 2
(Specify whether

In this community. all of life
years, months or days)

3. (a) PRINT FULL NAME MARY BELLE MIZER 260

3. (b) If veteran, name war — 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Virgil Mizer 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 26, 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 7 If less than one day hr. min.

9. Birthplace near Fruitland Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business none

12. Name Albert B. Mizer

13. Birthplace Lebanon Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Henderson

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Henderson

(b) Address Fruitland Mo

17. (a) Burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearcut Hill Cemetery

18. (a) Signature of funeral director J. Miller

(b) Address Jackson Mo.

19. (a) 6-6-40 (b) J. J. Schorn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Rural

(d) Street No. near Fruitland Mo.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 5 minute 24 M.

21. I hereby certify that I attended the deceased from June 1, 1940
to June 5, 1940

that I last saw her alive on June 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction

Due to Diabetes Mel. 6 yr

Due to Chronic nephritis 3 yr

Other conditions Chronic nephritis 3 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations 59

Of autopsy —

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? Yes

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. J. Schorn (M.D. or other)

Address Jackson Mo Date signed 6-5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 X 15511

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 Rayman Steele

Licensed Embalmer No. 2476

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.