FILED JAN 13 1941

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

42180
Do not use this space.

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. PLACE OF DEATH

(a) County Clay — Registration District No. 203

(b) Township — Primary Registration District No. 4122 — Registered No. 30

(c) City Smithville — (d) Street No. Smithville Hospital 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 Emma Lizar

(a) Residence, No. Paradise, Missouri 0 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John F. Lizar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1879

7. AGE: Years 61 — Months 8 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: Housewife
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): Clay County, Mo. 0

FATHER
13. NAME: Phinneus Willey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Melisa O. Elliott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County, Mo.

17. INFORMANT (ADDRESS): John F. Lizar, Paradise, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Paradise Cem. DATE 1/1/41, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): L. F. Rollins, Platte City, Mo.

20. FILED Dec 30, 1940 Lula L Ray, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/30/40 - 8:30 P. M 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1940 to Dec 30, 1940
I last saw her alive on Dec 30, 1940. Death is said to have occurred on the date stated above, at 8 p m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Occlusion

94B

Other contributory causes of importance: Coronary disease

Name of operation: NW — Date of
What test confirmed diagnosis? Exam — Was there an autopsy? No

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
(Signed) [signature] M. D.
183 (Address) Smithville, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1-7-41
Date Filed

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, E. Benjamin Cast, or by

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

Signed E. Benjamin Cast

Licensed Embalmer No. 4059

P. O. Address Platte City, Mo.

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

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