

No. 2  
11-10-39  
1-17-39  
I X21852

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42365

State File No. \_\_\_\_\_

JAN 6 1941

Registration District No. 266

Primary Registration District No. 5373

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Rural Franklin mwp.  
(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  
In this community \_\_\_\_\_  
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Cedar Grove Rt., Near Salem  
(If rural, give location) Mo.  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Baby Misemer

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

4. Sex Male 5. Color or race White 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 November 8, 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
-- -- 4 hr. min.

9. Birthplace Dent County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Donald Misemer

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

14. Maiden name Florence Shelton

15. Birthplace Dent County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ronald Misemer

(b) Address Cedar Grove Rt. Salem, Mo.

17. (a) Burial (b) Date thereof 11/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Cemetery

18. (a) Signature of funeral director Carl H. Spencer

(b) Address Salem, Missouri

19. (a) November 13, 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 12  
year 1940 hour 11:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11-8-40  
\_\_\_\_\_, 19\_\_\_\_, to 11-12-40, 19\_\_\_\_;  
that I last saw h. alive on 11-12-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
congenital debility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) DO  
Address Salem, Mo Date signed 11-13-40

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

RECEIVED

District Health Officer No. 5,  
District File Number 12401189  
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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No.....

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.