

No. 2  
4-13-40  
5-17-39  
I X23159

NOV FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3149

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

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston  
(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 40 yrs. years, months or days

3. (a) PRINT FULL NAME Mose W. Mize

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 490-16-7354

4. Sex Ma 5. Color or race W

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

6. (b) Name of husband or wife Julia Hoelcher

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 9 1991  
(Month) (Day) (Year)

8. AGE: Years 39 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Barron Co. Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

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

MOTHER FATHER

12. Name Joe Mize

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

14. Maiden name Henrietta Lyons

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

16. (a) Informant Mrs Julia Mize

(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof 1-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo

18. (a) Signature of funeral director Winkler

(b) Address Livingston, Mo

19. (a) Jan 19-1941 (b) Welia Bates  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1935 to Jan 17 1941 that I last saw him alive on Jan 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac decompensation

Due to Chronic Myocarditis

Due to coronary arteriosclerosis

Other conditions lumber accident  
(Include pregnancy within 3 months of death)

Major findings: 1/3 A

Of operations \_\_\_\_\_

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? \_\_\_\_\_

85  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. R. Paul (M. D. or other) 0

Address Livingston, Mo Date signed 1-19-41

Duration Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

*Ryland*

**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 *Geo. A. McLean*  
Licensed Embalmer No. *2983*  
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, fact should be so stated above.**