

Registration District No. 1099 Primary Registration District No. 5868 Registrar's No.

1. PLACE OF DEATH
(a) County Wardell
(b) City or town Wardell
(c) Name of hospital or institution: Wardell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community one year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Wardell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TERRY FRANKLIN MIZE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 4
year 1941 hour 7-25 minute P.
21. I hereby certify that I attended the deceased from Only on Oct. 2nd 1941 to _____ 19____
that I last saw him alive on Oct. 4th, 1941 19____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 27 1944
(Month) (Day) (Year)

Immediate cause of death Acute Colitis Duration _____

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

Due to Low resistance, improper feeding and bad water.
Due to _____

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Shed Mize
13. Birthplace McAlister, Okla
(City, town, or county) (State or foreign country)
14. Maiden name Gibnett Talbot
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Harlan Mize
(b) Address Wardell, Mo

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? _____

17. (a) Burial (b) Date thereof 10/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Standfield Mo

While at work? _____ (Specify type of place) (e) Means of injury 0

18. (a) Signature of funeral director Standfield
(b) Address Wardell Mo

19. (a) 11 7 X (b) J. J. Creary
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Reeder (M. D. number) 10/19/41
Address Portageville Mo. Date signed _____

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

11-41-8

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.....

Not Embalmed

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, fact should be so stated above.