

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41091

State File No. _____

Registrar's No. 1772

Registration District No. 399

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community Unknown (Specify whether years, months or days)

8. (a) PRINT FULL NAME Edward L. Mize

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation doctor

11. Industry or business Doctor

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Unknown
(b) Address _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-16-41
(Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Mo

18. (a) Signature of funeral director Thomas Steinbrink
(b) Address 3146 Maple St

19. (a) 12/22/41 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City MO
(If outside city or town limits, write "RURAL")
(d) Street No. 312 East 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1941 hour 8.15 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

acute pulmonary edema
hypertrophy of the heart
chronic interstitial myocardial fibrosis

Other conditions (Include pregnancy within _____) _____
Major findings: 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? _____

While at work (Specify type of place) _____
23. Signature [Signature] (M. D. or other) _____
Address K.C., Mo Date signed _____

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

18
3
8

048
3
9
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

88 51-
100000

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 me

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

Signed Thomas J. Steinbacher

Licensed Embalmer No. 3930

P. O. Address Kansas City MO.

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.

NEW JAN 30 1942
 379

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4772

1. PLACE OF DEATH:

(a) County _____
 (b) City or town _____
 (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. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EDWARD L. MIZE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lula B. Mize 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 20 1883
 (Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER
 { 12. Name W. H. Mize
 { 13. Birthplace Jackson Co. Missouri
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Julia Spillman
 { 15. Birthplace Lawrence Co. Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pless Richardson
 (b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof Dec 18 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Olivias Cemetery

18. (a) Signature of funeral director Frank Masterson

(b) 12/22/41
 19. (a) _____ (b) M. H. Crowe
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to _____

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 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?

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

23. Signature _____ (M. D. or other)
 Address _____ Date signed _____

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

SUPPLEMENTARY

1941
S-41091

10/11/41

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.....

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.