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FILED 13 1942
318

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 97

1. PLACE OF DEATH:

- (a) County GREENE
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1115 E. Elm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether
 In this community Unknown (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME R. Belle Kizer

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Dr. David T. Kizer
 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

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

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

10. Usual occupation House

11. Industry or business

12. Name Unknown13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)16. (a) Informant Mrs. Margaret Kizer(b) Address Spfld, Mo.17. (a) Burial (b) Date thereof 2 5 42
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Maple Park Cem18. (a) Signature of funeral director Alvin J. Hanson(b) Address Springfield, Mo.19. (a) 2-4-42 (b) A. N. E. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1115 E. Elm
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
 year 1942 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from 12-8
 1941, to 2-2 1942
 that I last saw her alive on Feb 2 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration Duration 3-8-37

Due to SclerosisDue to age (82 yrs)Other conditions
 (Include pregnancy within 3 months of death)Major findings:
 Of operations 930

Of autopsy

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) _____ (e) Means of injury _____

23. Signature Margaret Kizer (M. D. or other) 0Address 333 E. 9th St. Springfield, Mo. Date signed 2-3-42

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

Wayne Hinkle

Licensed Embalmer No.

3449

P. O. Address

Springfield

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

If this body is not embalmed, fact should be so stated above.

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STANDARD CERTIFICATE OF DEATH

State File No. 6695

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

R. Belle Kiger

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day _____
year 1942 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

F

5. Color or race

w

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

(Month) _____ (Day) _____ (Year) _____

8. AGE:

Years about 80

Months _____

Days _____

If less than one day _____ min.

9. Birthplace

(City, town, or county) _____

(State or foreign country) _____

10. Usual occupation

11. Industry or business

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

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

4-15-42 (Date received local registrar)

(b)

Dr. W. B. Henry (Registrar's signature)

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____

(c) Means of injury _____

23. Signature _____

(M. D. or other) _____

Address _____

Date signed _____

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

SUPPLEMENTARY

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