V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7462

Registration District No. 4160 Primary Registration District No. 5878 Registrar's No. 14

79
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1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Yount
(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 years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Perry
(c) City or town: Yount, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Cora Thompson Mizell
3. (b) If veteran, name war .....
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: Guy C. Mizell
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 29 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	16	..... hr. ..... min.

9. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
MOTHER FATHER
12. Name: Lawson Thompson
13. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Elizabeth Counts
15. Birthplace: Unknown (City, town, or county) O (State or foreign country)
16. (a) Informant: Leo Thompson
(b) Address: Yount, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Whitewater Cemetery
18. (a) Signature of funeral director: Berry Funeral Home
(b) Address: Perryville, Mo.
19. (a) 3-16-42 (Date received local registrar) (b) O. S. Reuter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch day: 15 year: 1942 hour: 10 minute: 55 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gen. Odema	
Due to: Chronic Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93d	
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: Mch 15 1942
(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) (e) Means of injury .....
23. Signature: W. E. Chism Coroner (M. D. or other)
Address: Ferrelville Mo Date signed: 3/16/42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 347-394

Date Filed 3-18-42

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 Albert Bey.

Licensed Embalmer No. 3866

P. O. Address Perryville, 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, fact should be so stated above.