

S. No. 2
M-9-4-41
v. 5-17-39
X29484

11276

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1942

Registration District No. 233

Primary Registration District No. 3027

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon, Mo.
(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 1
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Macon
(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 0

3. (a) PRINT FULL NAME Roubert Liseter

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 6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Nov 3 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days - If less than one day hr. min.

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

10. Usual occupation Traight Agent Wabash RR

11. Industry or business

MOTHER FATHER { 12. Name C. G. Liseter
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Chara Hareson
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs R H Liseter
(b) Address Macon Mo

17. (a) Removal (b) Date thereof Mar 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summer Mo

18. (a) Signature of funeral director Robert Skinner
(b) Address Macon Mo

19. (a) 3/10/42 (b) Jora Bunchler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 3rd
year 1942 hour 8 minute P 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 Myocarditis (acute) Don't know

Due to --

Due to --

Other conditions 932
(Include pregnancy within 3 months of death)

Major findings: Of operations --

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 March 3rd, 1942

(c) Where did injury occur? Macon Macon Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Wabash Frt. Depot (platform)
While at work? Yes (e) Means of injury Dropped dead

23. Signature H. Edwards (M.D./Physician)
Address Bevier, Mo. Date signed 3/27/42

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

61
3
2

061
3
2

1039 (Licensed Embalmer's Statement on Reverse Side)

JUN 19 1942

RECEIVED

District Health Officer No. 10

District File Number 4-10-~~853~~ 762

Date Filed APR 14 1942

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 *W.P. Gruesel*

Licensed Embalmer No. 3463

P. O. Address Macon, 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.