

FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Pease

22194

State File No.

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(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 Mo (b) County Vernon 108
(c) City or town Nevada 2
(If outside city or town limits, write "RURAL")
(d) Street No. 916 N. Elm
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William D. Kizer

3. (b) If veteran, name war _____

3. (c) Social Security No. mid-

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 20
year 1942 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 19
1942 to June 20, 1942
that I last saw him alive on June 20, 1942
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 married
(b) Name of husband or wife Jetta C. Kizer 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased June 22, 1866
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction, probably fecal impaction 2 wks
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
122

8. AGE: Years Months Days If less than one day
77 11 29 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Abraham Kizer

13. Birthplace unknown W. Va.
(City, town or county) (State or foreign country)

14. Maiden name Mahala Miller

15. Birthplace unknown W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jetta Kizer

(b) Address Nevada, Mo.

17. (a) Buried (b) Date thereof 6/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton B. Park

18. (a) Signature of funeral director Marth Eichinger

(b) Address Nevada, Mo.

19. (a) June 23, 1942 (b) Col. Albert Breckensidge
(Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place)
Means of injury _____
23. Signature W. W. Stearns (M. D. or other) MP
Address Nevada, Mo. Date signed 6/22/42

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

08
1
2

RECEIVED

District Health Officer No. 7,

District File Number 7-42-768

Date Filed 7-13-42

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.....

Mark E. Schinger

Licensed Embalmer No. 26056

P. O. Address. Neerada, 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.