

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

33354

Do not use this space.

NOV 13 1942

1. PLACE OF DEATH  
 (a) County Caldwell Registration District No. 45  
 (b) Township Reeder Primary Registration District No. 4064 Registered No. 36  
 (c) City Reeder (d) Street No. 1  
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John William Lisenby  
 (a) Residence, No. 34 St. A  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Alice Lisenby  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 17, 1853  
 7. AGE YEARS 89 MONTHS 7 DAYS 21 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retiree & Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1942  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1942 to Sept. 24, 1942  
 I last saw him alive on Sept. 24, 1942 Death is said to have occurred on the date stated above, at 5 a. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

Injury to spinal column due to fall

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lin County, Missouri  
 13. NAME William Lisenby  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County, Missouri  
 15. MAIDEN NAME Saracoe Fowler  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reeder, Missouri  
 17. INFORMANT (ADDRESS) Reed H. Fowler, Jr., Reeder, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Reeder, Mo. DATE Sept. 26, 1942  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. F. Fowler, Reeder, Mo.  
 20. FILED Oct 7, 1942 FLOYA B. BAWTER, Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury 013  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Andrew R. Perry, D.O.  
 (Address) Reeder, Mo.

**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, .....

*H. F. Powell*

or by .....

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

Signed .....

*H. F. Powell*

Licensed Embalmer No. *18014*

P. O. Address *Kiddler 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33354  
Registrar's No. 36

Registration District No. 45

Primary Registration District No. 4064

1. PLACE OF DEATH:

(a) County Caldwell  
(b) City or town Kidder  
(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 John William Lisenby  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept 24  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_;  
that I first saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic myocarditis

4. Sex m 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: Feb 17 (Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 89 Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.  
9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) MO.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
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)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ACCIDENT, FALL  
(b) Date of occurrence Sept 24-42  
(c) Where did injury occur? KIDDER CALDWELL MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about home - back yard.  
While at work? YES (Specify type of place) (e) Means of injury spine

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature H. R. Darway (M. D. or other) DO.  
Address Kidder, Mo. Date signed 11-30-42

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

SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

