

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Sumner
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town Sumner (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

3. (a) PRINT FULL NAME CLARA H. LISETOR
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9
year 1942 hour 10 minute 30 a M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christopher J. Lisetor
6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased July 23, 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Dec 9, 1942, that I last saw her alive on Dec 8, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death	Duration
<u>Congestive Cardiac Failure</u>	<u>weeks</u>
<u>Had an attack of Bulbar Paralysis</u>	<u>Nov. 1941</u>

9. Birthplace Berkshire England
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Due to Arterio Sclerosis
Has had many diseases by 88
Due to Serubility
Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Thomas Hireson
13. Birthplace England 4
(City, town, or county) (State or foreign country)
14. Maiden name Marie Savory
15. Birthplace England 4
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature C. J. Lisetor
(b) Address Sumner, Mo.
17. (a) Burial (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sumner, Mo.
18. (a) Signature of funeral director Peak Funeral Home
(b) Address Brookfield Mo.
19. (a) Dec. 11, 1942 (b) Ruth Stoner
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____
23. Signature J. W. Hardy (M. D. or other) 42
Address Sumner Mo Date signed 12/11

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-15-43

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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.