

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Webb 2267

State File No. _____
Registrar's No. 84

FILED FEB 6 1943
Registration District No. _____

Primary Registration District No. 2000

39
62
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH: **GREENE**
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **4 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **791 Mt. Vernon** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John Harvey Mizer**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nola Mizer** 6. (c) Age of husband or wife if alive **Unknown years**

7. Birth date of deceased **August 17, 1875**
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **9** If less than one day hr. min.

9. Birthplace **Laclede County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Oil Dealer**
Oil Corporation

11. Industry or business **George R. Mizer**

12. Name **George R. Mizer**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances Wilson**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. H. Mizer**

(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **1/27/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Joplin, Missouri**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **1-27-43** (b) **Dr. W. H. Handy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **26th**
year **1943** hour **4:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **February 11, 1941** to **January 26, 1943**;
that I last saw him alive on **January 26, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis atrophic of liver.** Duration **7 months**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **124 ft**

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 _____
(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 **Dr. W. H. Handy** (M. D. or other) _____
Address **Springfield** Date signed **1/27/43**

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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..... *Harlow Knobb*

Licensed Embalmer No. *4065*

P. O. Address..... *Springfield, 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.

X