

FILED MAR 8 1943
 Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1107 Ridenbaugh / St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 year years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St Joseph (If rural, give location)
 (d) Street No. 403 Ohio
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Modilen Mizar
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 25
 year 1943 hour 6 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 Thos J Mizar
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 12 1892
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 5 1943 to Feb 25 1943
 that I last saw her alive on Feb 24 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Perforation of small intestine Duration 2 days

8. AGE: Years 50 Months 5 Days 13
 If less than one day _____ hr. _____ min.

Due to Multiple diverticuli small intestine & colon
 Due to _____

9. Birthplace St Joseph O Mo
 (City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

Major findings: 12 3 1
 Of operations _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Richard B. Smith
 13. Birthplace Ill.
 14. Maiden name Tina E. McCurray
 15. Birthplace St Joseph O Mo
 (City, town, or county) (State or foreign country)

Of autopsy Perforation small intestine
 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) (e) Means of injury _____

16. (a) Informant Harry Smith
 (b) Address St Joseph, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Memo Park Cem
 18. (a) Signature of funeral director Sheman + Son Inc
 (b) Address St Joseph Mo
 19. (a) 2-26-43 (Date received local registrar) (b) Rae Hargis (Registrar's signature)

23. Signature L. B. Baum (M. D. or other)
 Address Kirkpatrick Bldg Date signed 2-25-43

12053 (Licensed Embalmer's Statement on Reverse Side) St Joseph Mo

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

117

MAY 22 1958

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 Robert L. Goph
Licensed Embalmer No. 3308
P. O. Address St. Joseph, 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.