

V. S. No. 2  
M-11-10-39  
5-17-39  
-1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 22 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 36-56-4278

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lavence

(b) City or town Miller  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Residence  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community: Native  
years, months or days

3. (a) PRINT FULL NAME Jacob M. Misemer

3. (b) If veteran,  name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 9 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 4 2 hr. min.

9. Birthplace Gentry Co Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Thomas Meiser

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

14. Maiden name Almeda Herbert

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

16. (a) Informant Chas. Misemer

(b) Address Miller, Mo

17. (a) Burial (b) Date thereof 7-13 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bright Church, Gentry

18. (a) Signature of funeral director Thomas Beames

(b) Address Miller, Mo

19. (a) Sept 1-44 (b) Amaterdun  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lavence

(c) City or town Miller  
(If outside city or town limits, write "RURAL")

(d) Street No. Miller, Mo  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11  
1944 year hour 11 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7-10 to 7-11 1944  
that I last saw him alive on 7-10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate gland

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: 518  
(Include pregnancy within 3 months of death)

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)

(e) Means of injury \_\_\_\_\_

23. Signature W. J. Beames (M. D. or other) \_\_\_\_\_  
Address Miller, Mo Date signed 7-13-44

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

55  
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RECEIVED

District Health Officer No. 6,

District File Number 944-1035-

Date Filed SEP 20 1944

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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 E. R. Luman

Licensed Embalmer No. 3297

P. O. Address Miller 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.