

FILED OCT 19 1944

Registration District No. 272

Primary Registration District No. 4435

1. PLACE OF DEATH:

(a) County Ralls,

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

(c) Name of hospital or institution:
Perry, Missouri. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 35 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No. Perry, Missouri.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer C. Misner.

3. (b) If veteran, name war _____

3. (c) Social Security No. 494-10-9769

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11th. year 1944 hour 5:00 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie Misner. 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April, 21, 1896.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1944 to Oct 11 1944 that I last saw him alive on Oct 11 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis. Duration _____

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

48	5	20	hr. min.
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Due to Chronic Coronary Arteriosclerosis

Due to arteriosclerosis

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

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

10. Usual occupation Laborer.

Major findings: 92a

11. Industry or business Vault Company.

Of operations _____

12. Name Geo W. Misner.

Of autopsy _____

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

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

14. Maiden name Mary Durbin.

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

16. (a) Informant Mrs. Misner.

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Cemetery.

18. (a) Signature of funeral director Charles W. ... While at work? _____ (Specify type of place) (c) Means of injury _____

(b) Address Perry, Missouri.

19. (a) 10-13-44 (b) Mrs. Earl Perkinson
(Date received local registrar) (Registrar's signature)

23. Signature John ... (M. D. or other) Address Perry, Missouri. Date signed 11/2/44

1134

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

OCT 19 1944

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 Clyde W. Dickey.....

Licensed Embalmer No. 3820.....

P. O. Address Perry 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.