

FILED DEC 11 1944
Registration District No. 1843

Primary Registration District No. 4175

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

1. PLACE OF DEATH:

(a) County Franklin

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Frances Mizell

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex F

5. Color or race Wh.

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

6. (b) Name of husband or wife Martin L. Mizell

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased October 30 - 1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 1944
year 1944 hour 6:00 minute 9 M.

21. I hereby certify that I attended the deceased from Sept 1 1944 to Nov 24 1944
that I last saw him live on Sept 22 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 0 Days 23
If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage
Chronic Hypertension
Due to Arteriosclerosis
Duration 14
5 1/2

Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

9. Birthplace ennessee
(City, town, or county) (State or foreign country)

10. Usual occupation home

11. Industry or business home

MOTHER FATHER { 12. Name John S. Davis

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

14. Maiden name Frances Childress

15. Birthplace unknown
(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 Mrs. Louis B. Perkins

(b) Address Hammersville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24-44
(Month) (Day) (Year)

(c) Place: burial or cremation Hammersville Cemetery

18. (a) Signature of funeral director Paul Salmon

(b) Address Summit St, Mo

19. (a) 1-30-44 (Date received local registrar) (b) L. B. Perkins (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) (c) Means of injury _____

23. Signature E. G. Cope (M. D.)
Hammersville Date signed 11/24/44

1201

mo 24

RECEIVED

District Health Office No: 2,-

District File Number 1244-1577

Date Filed 12-7-44

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 *[Signature]*

Licensed Embalmer No. *2556-*

P. O. Address *Lehigh, 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.