S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 40587

Registrar's No. 89

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Ohio Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL")
(d) Street No. South side of square -
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 17

3. (a) PRINT FULL NAME Franklin Elmer Mize
3. (b) If veteran, name war .....
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March (Month) 27 (Day) 1866 (Year)
8. AGE: Years 78 Months 8 Days 6 If less than one day ..... hr. ..... min.
9. Birthplace Madison Co (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer - Retired
11. Industry or business .....
MOTHER FATHER
12. Name William Mize
13. Birthplace Not Know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Jane Roseberry
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Clarice Groves
(b) Address Butler Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetary
18. (a) Signature of funeral director Culvers
(b) Address Butler Mo.
19. (a) Dec. 6, 1944 (Date received local registrar) (b) Eulice Crumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1944 hour 8.00 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from Nov. Nov. 1, 44, 19..., to Dec. 3, 44, 19...; that I last saw him alive on Dec. 3, 44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	one yr
Due to - Age.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92d	

Major findings:
Of operations .....
Of autopsy None

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 E. M. Rice (M. D. or other)
Address Butler, Mo. Date signed 12-5-44

1306

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-44-1613
Date Filed 1-12-45

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 L. E. Cullin

Licensed Embalmer No. 2576

P. O. Address Butler · 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.