

U.S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

**JUL 10 1945**

Registration District No. 108

Primary Registration District No. 4174

Registrar's No. 100

115  
45  
35  
4  
0

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

**1. PLACE OF DEATH:**

(a) County Franklin

(b) City or town Senath  
(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 \_\_\_\_\_ (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Franklin

(c) City or town Senath P.O. Box 1174  
(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** Vivian Larene Miser

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 15  
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him or alive on not living \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cornett Miser 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 26 - 1902  
(Month) (Day) (Year)

Immediate cause of death Heart trouble Duration Sudden

Due to none

Due to none

**8. AGE:**

Years	Months	Days	If less than one day
<u>43</u>	<u>6</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation House keep

11. Industry or business \_\_\_\_\_

12. Name Tildon Weavik

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

14. Maiden name Donna Knaw

15. Birthplace Don Knaw \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Cornett Miser

(b) Address Senath Mo

17. (a) Burial (b) Date thereof 1-18-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath Cem

18. (a) Signature of funeral director Leitch and Co

(b) Address Kennett Mo

19. (a) 7-3-1945 (b) D. W. Sterey  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none 950

**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) none

(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 J. H. Meisdel (M. D. or other)

Address Senath Mo Date signed 7-16-45

JUN 11 1952

JUN 7 1952

**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

*Walter A. Hawkin*

Licensed Embalmer No. *2007*

P. O. Address *Kenilworth, 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.