S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hughes 24078
State File No.

FILED AUG 14 1945
Registration District No. 237
Primary Registration District No. 3023
Registrar's No. 142

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

12
1
2

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 419 ~~Main~~ Water South 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM OSCAR HIZAR ~~Brown~~
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 — 18 — 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	17	hr. min.

9. Birthplace Charleston Ill 1
(City, town, or county) (State or foreign country)
10. Usual occupation minister
11. Industry or business
FATHER
12. Name Jacob M Hizer
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Johnson
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Stella Davis
(b) Address Pittsburg Kans.
17. (a) 7-17 (b) Date thereof 2 30 PM
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gantha Cemetary
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) July 16 (b) Myrtle Brownlee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15
year 1945 hour 3 45 minute P M.
21. I hereby certify that I attended the deceased from July 7, 1945, to July 15, 1945;
that I last saw him alive on July 15, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 hours
Due to Chronic myocarditis	about 1 year
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

42 40

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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature E. O. Hughes (M. D. or other) D.O.
Address Clinton, Mo. Date signed 8/16/

1347

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1948

RECEIVED
Health Officer No. 7,
District Filing Number 7-40-826
Date Filed 8-13-45

SEP 6 1945

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 Fred W. Wilkerson

Licensed Embalmer No. 12478

P. O. Address Clinton 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.