

FILED FEB 27 1946

Registration District No. _____

Primary Registration District No. **5-65-5**

Registrar's No. **3119**

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Miller Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Native
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Miller R.R.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? Osaka Japan (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ralph J. Misemer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edw Misemer 6. (c) Age of wife if alive 51 years
7. Birth date of deceased 12 - 29 - 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Lawrence Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER, FATHER {
11. Industry or business _____
12. Name William M. Misemer
13. Birthplace Tenn (City, town, or county) (State or foreign country)
14. Maiden name Mary Berry
15. Birthplace Vernon Mo (City, town, or county) (State or foreign country)

16. (a) Informant Edw Misemer
(b) Address Miller Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-46 (Month) (Day) (Year)

(c) Place: burial or cremation Misemer

18. (a) Signature of funeral director Monroe Sumner

(b) Address Miller Mo

19. (a) 2-15-46 (Date received local registrar) (b) Edw. J. Bruenay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 2-2 1946 to 2-8 1946
that I last saw him alive on 2-7 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

Due to Compensated aortic atherosclerosis
Due to 5 ulcers

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 130

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) (e) Means of injury _____

23. Signature W. S. Bruenay (M. D. or other) _____
Address Miller Mo Date signed 2-11-46

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

5291

RECEIVED

District Health Officer No. 6;

District File Number 146-113

Date Filed FEB 25 1946

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 Elmer D. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.