

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

FILED MAR 14 1947

43734 41

PLACE OF DEATH

County HARRISON

Registration District No. 134

File No.

Township TRAIL CREEK

Primary Registration District No. 5495

Registered No.

City

(No. 1)

St.

Ward

2. FULL NAME FREDRICK CLYDE MISNER

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos. 6

ds 20

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE  
4. COLOR OR RACE WHITE  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5<sup>th</sup> 1946

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LORA LITTLE MISNER

22. I HEREBY CERTIFY, That, I attended deceased from May 1944, 1944 to Oct 5-1946. I last saw him alive on Oct 4<sup>th</sup>, 1946. Death is said to have occurred on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Date of onset 1 yr

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or, ..... min.  
64 7 3

131B  
Other contributory causes of importance:  
Myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk Manager of shoe factory.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Oct 1945  
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LINEVILLE IOWA

13. NAME JOHN CARLYLE MISNER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WISCONSIN

15. MAIDEN NAME SARAH LOCKWOOD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VERMONT

17. INFORMANT Mrs Nell Robinson (ADDRESS) and Mrs M. M.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT MORIAH DATE Oct 7-1946

19. UNDERTAKER J. M. CHAMBERS (ADDRESS) MT MORIAH MISSOURI

20. FILED Oct 7 1946 S. Ph. Shaw Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42540

APR 5 1941

DISTRICT HEALTH OFFICE  
Cameron, Mo.