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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 13

Registration District No. 344

Primary Registration District No. 6162

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

1. PLACE OF DEATH:

(a) County Stone Co.

(b) City or town Reeds Springs Ruth
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days most of life (Specify whether)

3. (a) PRINT FULL NAME Hubert Horace Misemer

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nara Misemer

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 18 1884
(Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER } 12. Name William Misemer

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

14. Maiden name Mary Christman

15. Birthplace Madison Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Misemer

(b) Address Reeds Springs Mo

17. (a) Burial (b) Date thereof 4-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenham Cemetery

18. (a) Signature of funeral director R. W. Wheelbert

(b) Address Arundel

19. (a) 4-21-47 (b) Myrtle Goforth
(Date received local registrar) (Registrar's signature) 2111

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Reeds Springs - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1947 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from Jan 8
1947 1947 to April 1st 1947

that I last saw him alive on April 1st 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertention

Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) _____

Duration _____

Major findings: g37

1 Of operations _____

Of autopsy _____

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 2

23. Signature RC Parrish (M. or other) MD
Address Reeds Springs Mo Date signed 4-1-47

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.....

Licensed Embalmer No.....

P. O. Address.....

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.