S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1947

Registration District No. 166

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5604

State File No. 21465

Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Johnson 51

(c) City or town Montserrat 0
(If outside city or town limits, write "RURAL")

(d) Street No. None 0
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Riley Visor

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mollie Visor

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown (Month) Unknown (Day) 1877 (Year)

8. AGE: Years 70 Months Unknown Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Henry Visor 0
13. Birthplace Johnson County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ann Lester
15. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Cline V. Visor
(b) Address Montserrat

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 '47 (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg Cemetry

18. (a) Signature of funeral director Swee ney Phillips
(b) Address Warrensburg Mo.

19. (a) JUNE 28, 1947 (Date received local registrar) (b) Erma L. Beatty (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 26
year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 1, 1947 to June 26, 1947
that I last saw him alive on June 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Chr Valvular Disease

Due to

Due to

Other conditions (1) Chr Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓ 131B
Of autopsy ✓

Duration

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 0

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed June 28 '47

(Licensed Embalmer's Statement on Reverse Side)

## 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 R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg M

**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.**