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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34000

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Clay

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

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

(d) Length of stay: In hospital or institution 12 hours (Specify whether years, months or days)

In this community lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 3½ miles Southeast of Smithville, Mo. (If rural, give location)

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

If yes, name country NONE

3. (a) PRINT FULL NAME Annie Pearl Lizar

3. (b) If veteran, name war NONE

3. (c) Social Security No. Not Known

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Robert C. Lizar

6. (c) Age of husband ~~or wife~~ if alive 67 years

7. Birth date of deceased March (Month) 4 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 30 If less than one day ____ hr. ____ min.

9. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name William Blake

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

14. Maiden name Nannie Manning

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

16. (a) Informant Robert C. Lizar

(b) Address Smithville, Missouri R.F.D.

17. (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 11/5/47 (Month) (Day) (Year)

(c) Place: burial or cremation Platte Co.; Ridgely, Missouri

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Missouri

19. (a) Nov 6th - 47 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 2, 1947, to Nov 3, 1947, that I last saw him alive on Nov 3, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
Due to: Myocardial degeneration	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)

Address Smithville Mo. Date signed 11-8-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
NOV 18 1947
Death File Number 11-12-47

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 CP

CP, Registered Apprentice No. CP,

working under my personal supervision.

Signed Owen J. Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.