S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1947

Registration District No. 144

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41552

Primary Registration District No. 4236

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Iron

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 24Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Desarc, Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr. Charles Joseph Mize

3. (b) If veteran, name war

3. (c) Social Security No. 498-10-2440

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Anna Piercefield Mize

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 11 (Day) 1877 (Year)

8. AGE: Years 70 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) / (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Mr. Robert Mize
13. Birthplace Arkansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Ellen Tuttle
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Anna Mize (Wife) /

(b) Address Desarc, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View,

18. (a) Signature of funeral director Alvin W. Hood

(b) Address 303 Crane St. Flat Rivers Mo.

19. (a) 12/15/47 (Date received local registrar) (b) Avis Jones (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1947 hour 12 minute 45 A M.

21. I hereby certify that I attended the deceased from Dec 1, 1947, to Dec 6, 1947; that I last saw him alive on Dec 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Consumption Tuberculosis	
Due to	
Due to	
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 0

23. Signature L. E. Tomey (M. D. or other)

Address Piedmont Mo. Date signed 12-2-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

Dist File Number 1247-1580

Date Filed 12-17-47

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 Alvin W. Hood.

Licensed Embalmer No. 2780.

P. O. Address Flat River, Mo. 303 Crane

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.