

FILED JAN 15 1948

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3763

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 7

1. PLACE OF DEATH

(a) County Clayton  
(b) City or town Central Washington  
(c) Name of hospital or institution State Hospital #32  
(d) Length of stay: In hospital or institution 29 yrs 9 mo 18 days  
In this community 29 yrs 9 months 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton  
(c) City or town Wetmore  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

8. (a) PRINT FULL NAME HENRY MIESNER

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Mo 5. Color or race W 6. (a) Single, W married, divorced M  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 11-5-1879

8. AGE: Years 68 Months 2 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Benton Co MO

10. Usual occupation Wetmore

11. Industry or business \_\_\_\_\_  
12. Name Henry Miesner  
13. Birthplace Germany  
14. Maiden name Margaret Mithun  
15. Birthplace Germany

16. (a) Informant Hospital record (b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Jan 9 1948  
(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Long Funeral Service  
(b) Address Neunda, Mo.

19. (a) 1-9-48 (b) Rathyn Jansen

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5  
year 1948 hour 3 minute a M.  
21. I hereby certify that I attended the deceased from 10-15-48 to 1-5-48  
that I last saw him alive on 1-4-48 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Luetic Meningo Encephalitis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 20  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 \_\_\_\_\_  
23. Signature R. H. Hall (M. D. or other)  
Address Nevada Mo Date signed 1-9-48

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 12-27-3012

Date Filed 1-14-48

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me, or by.....

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed Allen S. Hayes.....

Licensed Embalmer No. 1968.....

P. O. Address Nevada 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, above space should be left blank.