

No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35180**

Registration District No. **260**

Primary Registration District No. **5363 A**

Registrar's No. _____

FILED NOV 25 1940

1. PLACE OF DEATH
 (a) County **DeKalb.**
 (b) City or town **Cameron.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **8th. & Main.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **DeKalb**
 (c) City or town **Cameron.**
(If outside city or town limits, write "RURAL.")
 (d) Street No. **8th & Main**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Sarah Alice Misemer.**

3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife **Isaac Misemer**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. **May 25, 1853.**
(Month) (Day) (Year)

8. AGE:	Years 87,	Months 3	Days 18.	If less than one day hr. _____ min. _____
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9. Birthplace **Platte Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Pembroke McComas.**

13. Birthplace **Virginia.**

14. Maiden name **Elizabeth Jane Kerr.**

15. Birthplace **Ohio.**

16. (a) Informant **Miss Aura Misemer.**

(b) Address **Cameron, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 15 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baldwin, Kansas.**

18. (a) Signature of funeral director **Lyle C. Allen.**

(b) Address **Cameron, Mo.**

19. (a) **Sept. 13, 1940** (b) **Mildred Mc Mahitt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12**
 year **1940,** hour **4** minute **30 PM** M.

21. I hereby certify that I attended the deceased from **1937**
 _____, 19 _____ to **Sept 12**, 19 **40**
 that I last saw her alive on **Sept 12**, 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis
 Right Aillary Artery**

Due to **arteriosclerosis
 Chronic Myocarditis**

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 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? _____

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 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **J.P. Knieis** (M. D. or other) _____

Address **Cameron, Mo.** Date signed **Sept 13**

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

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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 embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Lyle C. Allen

Licensed Embalmer No.....

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P. O. Address.....

Cameron 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.