S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28584

State File No.

SEP 7 19

Registration District No. 104

Primary Registration District No. 3023 5 32

Registrar's No. 85

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

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51
(a) State Missouri (b) County Johnson 0
(c) City or town Montserrat ~~Warrensburg~~
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Visor

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race 3 colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 2 (Day) 1896 (Year)

8. AGE: Years 46 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name W. H. Visor
13. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Laura Franklin
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant George Visor
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. T. Wilcox
(b) Address Warrensburg Mo

19. (a) Aug 16, 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1943 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from Aug 12, 1943 to Aug 12, 1943
that I last saw her alive on Aug 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous pentamitis

Due to Pulmonary tbc.

Due to

Other conditions Potts disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

13 b 1

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 O. H. Dannon MD (M. D. or other)
Address Warrensburg Mo Date signed 8/17/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 4
Date Filed 9-3-43

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

Signed Samuel McClung

Licensed Embalmer No. 3557

P. O. Address Warrensburg 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.