

REC'D MAY 6 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

14975

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township Madison Primary Registration District No. 5564 Registered No. ....  
 (c) City ..... (d) Street No. Route 1, Carthage St.  
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

David Henry Kissel 240  
 (a) Residence, No. Route 1, Carthage St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Jane Newell Kissel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlton County / Ohio

FATHER 13. NAME Henry Kissel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Barbara Wort

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Eliza Kissel  
Route 1, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Fasken Cemetery DATE April 17, 38

19. FUNERAL DIRECTOR (ADDRESS) Ulmer Funeral Home  
Carthage, Missouri

20. FILED 4/20 1938 W. M. Howard, Jr. Local Registrar. 370

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...  
 I last saw him live on April 14, 1938 Death is said to have occurred on the date stated above, at 8:30am 4/17/38  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Name of operation none Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ....., 19...  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) A. M. Winchester, Coroner, M. D.

(Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE CLEARLY, WITH OUTFIELDING INK  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Edelmeier, Licensed Embalmer No. 2222  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Edelmeier  
Licensed Embalmer No. 2222

**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.)**