REG'D APR 17 1939

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

9355
Do not use this space.

Registered No. 961

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City K. C. Mo.
Registration District No. 399
Primary Registration District No. 1002
(d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 216 John A. Cisper
(a) Residence, No. 3009 Belleview St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1909

7. AGE: Years 29 | Months 2 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as saw mill, bank, etc. R.C. Can Co.
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) Kansas City, Mo.

FATHER
13. NAME Frank Cisper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria ?

MOTHER
15. MAIDEN NAME Louise Scheldel ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria ?

17. INFORMANT Mrs. Frank Fuchs
(ADDRESS) 3009 Belleview

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. St. Mary's DATE Mar. 4, 1939

19. FUNERAL DIRECTOR (NAME) John W. Wagner
(ADDRESS) Kansas City, Mo.

20. FILED 3/3, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-28, 1939 to 3-2, 1939
I last saw him alive on Mar 2, 1939. Death is said to have occurred on the date stated above, at 7:20 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	
Acute nephritis &	
Purpura of species (Spontaneous)	
Chronic Hypertrophic	
with acute exacerbation	131

Other contributory causes of importance: None

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? 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) J. Adams, M. D.
(Address) Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Marvin B. Ketron
Prof. Bg.
HA 3342
Ha0986
11:30-5-818
P. H. [illegible]
Rulto

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.....

Licensed Embalmer No.....

P. O. Address.....

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.