

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

17532
Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township 1st Primary Registration District No. 1903
(c) City Kansas City (d) Street No. St. Joseph Hosp Registered No. 1934
(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 William Kissner

(a) Residence, No. 4442 Grand 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 M. 4. COLOR OR RACE Italian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Kissner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 7 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. clerk
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) La.

FATHER 13. NAME William Kissner

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

MOTHER 15. MAIDEN NAME Sarah Langatta

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

17. INFORMANT (ADDRESS) Peter B. Sapotnik

18. BURIAL, CREMATION, OR REMOVAL PLACE H. M. org DATE 5-9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peter B. Sapotnik

20. FILED May 8 1939 M. M. Chrome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 6 1939

22. I HEREBY CERTIFY, that I attended deceased from April 28 1939, to May 6 1939. I last saw him alive on May 6 1939. Death is said to have occurred on the date stated above, 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Generalized septicemia
Date of onset 1/21

Other contributory causes of importance:
Peri-nephritis abscess, sinus abscess, abscess of st colon guttae acute appendicitis,

Name of operation Appendectomy Date of 5-6-39
What test confirmed diagnosis? Autopsy 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) O. J. Points, M. D. M. D.
(Address) 1024 Prof. Bldg.

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.