

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

31997
 Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell Registration District No. 96
 (b) Township Hamilton Primary Registration District No. 4088
 (c) City Hamilton (d) Street No. _____ 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 Anna Minervia Kissenger

(a) Residence, No. _____ 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 Female 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) July 30, 1871
 7. AGE YEARS 68 MONTHS 1 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hamilton, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME John Kissenger _____

14. BIRTHPLACE (CITY OR TOWN) York, Pa. (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Emaline Henninger _____

16. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY) _____

17. INFORMANT Alameda Kissenger (ADDRESS) Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE Sept. 24, '39

19. FUNERAL DIRECTOR (NAME) Bram & Sons (ADDRESS) Hamilton, Mo.

20. FILED Sept 24 1939 Merle Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1939
 22. I HEREBY CERTIFY That I attended deceased from Feb 11, 1930 to Sept 22, 1939
 I last saw her alive on Sept 26, 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis - involving all internal organs and primary in right breast.
 Other contributory causes of importance: 50
Myocardial degeneration.

Name of operation None Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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. M. Dacy, M. D.
 (Address) Hamilton, Mo.

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 22
 5014-1-12-38
 I. X. 14023

1039-1256

OCT 17 1939

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.