

DEC 10 1939

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

40547
Do not use this space.

1. PLACE OF DEATH

(a) County Platte 1 Registration District No. 693
(b) Township Edgerton Primary Registration District No. 4475
(c) City Edgerton (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

No Name (Stillborn) Kissick
(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) Nov. 30-39
7. AGE YEARS - MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Edgerton (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wallace Kissick

14. BIRTHPLACE (CITY OR TOWN) Colfax (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Maranda Purvis

16. BIRTHPLACE (CITY OR TOWN) Salt Lake (STATE OR COUNTRY) Kentucky

17. INFORMANT Wallace Kissick (ADDRESS) Edgerton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem. DATE Dec. 1, 1939

19. FUNERAL DIRECTOR (NAME) Virgil R. Nash (ADDRESS) Edgerton Mo.

20. FILED 12/8 1939 Virgil R. Nash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1939 to 11-30, 1939

I last saw him alive on never, 19____. Death is said to have occurred on the date stated above, at 6:55 m.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset 11-30-39

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____ (Signed) J. E. Durheim, M. D.
(Address) Warrens, Mo.

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.

RECEIVED
District Health Officer No. 11,
City of Chicago 1239-1741
JAN 15 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.