

Registration District No. 380 14 1940

Primary Registration District No. 5530

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Rural Franklin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. on Rural Road Franklin mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Arthur M. Kissick

3. (b) If veteran, name war no. 3. (c) Social Security No. none.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mr. Ellen M. Kissick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 15 - 1862  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>78</u> | <u>0</u> | <u>28</u> | hr. _____ min.       |

9. Birthplace Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business Farm

MOTHER FATHER { 12. Name William M. Kissick  
18. Birthplace Ireland  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Martha Kissick  
15. Birthplace Detroit Michigan  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. S. M. Kissick  
(b) Address Mich. St. Mo.

17. (a) Burial (b) Date thereof 2-14-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clayton Chapel

18. (a) Signature of funeral director C. S. Newcom  
(b) Address New Franklin, Mo.

19. (a) 2-14-1940 (b) Clara V. Landrum  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1940 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb 13  
1940 to Feb 13, 1940  
that I last saw him alive on Feb 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration \_\_\_\_\_

Due to myocarditis

Due to \_\_\_\_\_

Other conditions 92 F  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

23. Signature G. L. Chamberlain (M. D. or other) \_\_\_\_\_  
Address New Franklin Mo Date signed Feb 14 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

RECEIVED  
District Health Officer No. 8  
District File Number.....  
Date Filed.....  
3-12-40

**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..... *H. L. Hall* .....

Licensed Embalmer No. *3515* .....

P. O. Address..... *New Franklin, Va.* .....

**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.**