

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 114

1. PLACE OF DEATH: Jasper
 (a) County Jackson Township
 (b) City or town Carthage: County Poor Farm
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: County Poor Farm
 (If not in hospital or institution, write street number or location) 3
 (d) Length of stay: In hospital or institution 2 Years (Specify whether
 In this community 80 Years years, months or days)

3. (a) PRINT FULL NAME Kohn Kissee 2nd
 3. (b) If veteran, name war. No No
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 29 1859
 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 23
 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming 5

12. Name Thomas J. Kissee

18. Birthplace Dublin Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Harriette E. Nockes

15. Birthplace Belfast Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura J. Katto

(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 5-23-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sherwood Cemetery

18. (a) Signature of funeral director Funeral Home Co
 (b) Address 212 Joplin St. Joplin Mo

19. (a) May 23, 1940 (b) E. J. Mc Intire, M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2132 Nashville
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
 year 1940 hour 7:05 minute 5 M.

21. I hereby certify that I attended the deceased from 3/11/39
1940 to 5/21 1940
 that I last saw him alive on 6/19 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis
Heart disease

Due to 1940

Due to 1940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

865 While at work? (Specify type of place) (b) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed 5/21/40

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I X19311

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.

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.....

Sam E. Senseney Jr

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

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.