

**FILED JUN 22 1940**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Platte  
 (b) City or town Farley, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Farley, Missouri **2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 68 years, (Specify whether years, months or days)  
 In this community 68 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Frederick Kisker,

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

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

6. (b) Name of husband or wife Mrs. Louise Kisker, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 19, 1871  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Farmer,

11. Industry or business Own Farm,

MOTHER FATHER { 12. Name John Kisker,

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

MOTHER FATHER { 14. Maiden name Louise Stratemeyer,

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

16. (a) Informant's own signature William Kisker

(b) Address Farley, Missouri

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

(c) Place: burial or cremation Platte City Cemetery,

18. (a) Signature of funeral director J. D. Davis and Co.  
 (b) Address Leavenworth, Kansas

19. (a) June 2, 1940 (b) Mr. A. E. Fanshanel  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 31st,  
 year 1940 hour 2: minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 1st 1940 to May 31 1940  
 that I last saw him alive on May 31 - 40, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death was leakage of the heart Duration \_\_\_\_\_

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

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

Other conditions Obstruction of bowels  
 (Include pregnancy within 3 months of death)

Major findings: No op. Of operations \_\_\_\_\_

Of autopsy No 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? 953  
 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. Hudson (M. D. or other) 1  
 Address Postville Mo Date signed 6/1-40

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.

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RECEIVED

District Health Officer No. 11,

District File Number 640-85-1

Date Filed JUN 10 1940

OCT 6 1950

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 \_\_\_\_\_

*Arthur J. McChere*

Licensed Embalmer No. 3931

P. O. Address Leavenworth, Kansas

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.