

JUL 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20791
State File No. 2408
Registrar's No.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 24 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Holmes
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME DAVID RISINGER 252
(b) If veteran, name war No 3. (c) Social Security N 697-14-1752

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

6. (b) Name of husband or wife Della Risinger 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 14 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 26 If less than one day hr. _____ min.

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

10. Usual occupation Lumber worker
Lumber Yards

11. Industry or business _____

12. Name David Risinger

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Della Risinger
(b) Address 916 Holmes

17. (a) Burial (b) Date thereof June 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Sebbetto Funeral Home
(b) Address _____
(c) June 12, 1940 (Date received local registrar)
M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10th
year 1940 hour 7:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from April 17th, 1940, to June 10th 1940;
that I last saw him alive on June 10th, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchopneumonia

Due to Myocardial insufficiency

Due to _____

Other conditions 107a
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature Dr. De Maria M.D. (M. D. or other)
Address Supt. K.C. Gen. Hospital, K.C. Mo. Date 6-11-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

nc

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.