

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.

Registration District No. **527**

Primary Registration District No. **5703**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **MASON**

(b) City or town **BEVIER, R.F.D. #2**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **20**
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **WILLIAM ANDREW KISOR**

8. (b) If veteran, name war **None**

8. (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 **EMMA KISOR**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **FEBRUARY-22-1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	2	_____ hr. 1 min.

9. Birthplace **PIKE COUNTY MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER

12. Name **GEORGE KISOR**

18. Birthplace **PIKE COUNTY MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **GOLDIE WILLIAMS**

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

16. (a) Informant's own signature **Emma Kisor**

(b) Address **BEVIER, MO. R.F.D. #2**

17. (a) **BURIAL** (b) Date thereof **11-26-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Callao Mo.**

18. (a) Signature of funeral director **Edwin Simpson**

(b) Address **BEVIER MO**

19. (a) **Dec 7th 1940** (b) **Edwin Simpson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MASON**

(c) City or town **BEVIER**
(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 **NOV.** day **24**
year **1940** hour **6** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **3/29/40**
_____, 19____, to **NOV/24**, 19**40**

that I last saw him alive on **NOV. 28**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC VALVULAR HEART DISEASE**

Duration **7 YRS.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

476 _____
(Specify type of place) (Means of injury)

23. Signature **A. P. Nisden** (M. D. or other) **MD**

Address **Callao Mo** Date signed **12/9/40**

RECEIVED

District Health Officer No. 10

District File Number 12-40-2253

Date Filed DEC 11 1940

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

W. B. Edwards

Registered Apprentice No.

working under my personal supervision.

Signed

W. B. Edwards

Licensed Embalmer No.

1961

P. O. Address

Beverly Hills

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.