No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42032

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 334

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 835 Jefferson St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 50 years 2
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton (If outside city or town limits, write "RURAL")
(d) Street No. 835 Jefferson St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John David Kistler
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Kistler
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Feb (Month) 27 (Day) 1859 (Year)

8. AGE: Years 81 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation Carpenter 1
11. Industry or business 1
MOTHER FATHER
12. Name A. W. Kistler 4
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace (City, town, or county) Dk (State or foreign country)
16. (a) Informant Mrs Ollie Roberts
(b) Address Fulton, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 (Month) 15 (Day) 40 (Year)
(c) Place: burial or cremation Stephens Missouri
18. (a) Signature of funeral director L. G. Wallace
(b) Address Fulton, Missouri
19. (a) 12-13-40 (Date received local registrar) (b) A. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th. year 1940 hour 2 minute 5 P.M.
21. I hereby certify that I attended the deceased from saw him two hours before death, to just after death; that I last saw him alive on Dec. 12th, 9 A.M. 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency following anemia pernicious. probably 1. month

Due to 3

Due to 95 P

Other conditions Senile degeneration. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy.

Duration

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)
While at work? (e) Means of injury
100

23. Signature Greene D. McCall M.D. (M.D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**