

2
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39
23159

Registration District No. **17** FEB 17 1941

Primary Registration District No. **6232**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County Andrain
(b) City or town Quivre Twp RURAL
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
(c) City or town Quivre Twp RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME FRANK Thompson Kisor

3. (b) If veteran, name war _____ 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 PEARLETTA KISOR 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JULY 31 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Muscataine Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name GEORGE Kisor
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name MARtha RICHARDSON
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Willard Ray Kisor
(b) Address Vandalia Mo

17. (a) BURIAL (b) Date thereof JAN 4 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Mo

18. (a) Signature of funeral director W.S. Hatus

(b) Address Vandalia Mo

19. (a) JAN 4 1941 (b) W. S. Hatus
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 2nd
year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 2, 1941; that I last saw him alive on Jan 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to _____
Due to _____

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

23. Signature W. O. Blaud (M. D. or other) D
Address Vandalia Date signed 1/3/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-348

Date Filed FEB 15 1941

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.....

Leon B. Waters

Licensed Embalmer No.....

4169

P. O. Address.....

Vandalia Mo

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

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