. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27529

Registration District No. 399 Primary Registration District No. 1992 Registrar's No. 3187

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:
3810 Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1½ Years. / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3810 Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes name country

3. (a) PRINT FULL NAME Almond J. Kisling

3. (b) If veteran, name war

3. (c) Social Security No. 511-05-2100

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hollis

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan. (Month) 8 (Day) 1901 (Year)

8. AGE: Years 40 Months 7 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Battery Man

11. Industry or business

FATHER
12. Name John Kisling
13. Birthplace No Record 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Kibbey
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hollis Kisling
(b) Address 3810 Harrison

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director Harlyn Roe
(b) Address 7406 Wornall

19. (a) 8/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 8-24-41
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 10 45 P. ..... 19..., to ..... 19...;
that I last saw ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute coronary ordusion

Due to

Due to 940

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

23. Signature [signature] (M. D. or other)
Address K. O. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

8
3
8

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 Harlyn Roe, Registered Apprentice No. 2810 working under my personal supervision.

Signed Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address Ft. Bragg

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, fact should be so stated above.