

FILED FEB 19 1942

State File No. _____

Registration District No. _____

Primary Registration District No. 6038

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Malta Bend Mo. Rural
(c) Name of hospital or institution: Grand Pass town 1 Rural
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Two years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Malta Bend Mo. Rural
(d) Street No. _____ (If rural, give location) 6
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie E Kissett

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married divorced
6. (b) Name of husband or wife Virgil Kissett 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 24 1900 (Month) (Day) (Year)

8. AGE: Years 41 Months 8 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Lemmer
13. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4
14. Maiden name Era Robin
15. Birthplace Del. (City, town, or county) _____ (State or foreign country) 1

16. (a) Informant Virgil G. Kissett
(b) Address Malta Bend Mo.

17. (a) Atkinson Mt. (b) Date thereof 2-1-42 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Atkinson Mt.

18. (a) Signature of funeral director Fields Funeral Home
(b) Address Lees Summit Mo.

19. (a) 1-30-1942 (b) Raymond Spener (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 29 year 42 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-18-41 1941 to 1-23 1942 that I last saw he alive on 1-23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uteri
Due to _____
Due to HGB
Other conditions _____ (Include pregnancy within 3 months of death)

Duration 18 mos

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? _____

23. Signature William G. Atwood (M. D. or other) _____
Address Carrollton Mo Date signed 1/29/42

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

RECEIVED

Sanitary Health Officer No. 8,

Product File Number

Date Filed 2-12-42

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 Marie Hessel
Licensed Embalmer No. 2509
P. O. Address Lee's Summit Mo.

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.