

FILED MAR 16 1942
Registration District No. 2

Primary Registration District No. 5504

Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Hickory Waubesa, Wis.
(b) City or town Flemington (Rural)
(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 5 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory
(c) City or town Waubesa (Rural)
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Z. Kirshner
3. (b) If veteran, spanish name war American
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3
year 1942 hour 7 minutes 30 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mary A Kirshner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 15 1895
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/9 1941 to 2/3 1942
that I last saw him alive on 1/20/42 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
56 6 19 hr. min.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension Essential
Due to Chronic Nephritis

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
Major findings: 121 R
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name Thomas Kirshner
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Hodge
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant J. R. Batten
(b) Address 17 N. 3rd St. Minn.

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?

17. (a) Burial (b) Date thereof Feb 7 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Joseph & Hutsker
(b) Address Humansville, Mo.
19. (a) Feb 5-42 (b) Mary A. Coulstrom
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 1
23. Signature J. H. Robinson M.D. (M. D. or other)
Address Humansville, Mo. Date signed 2/5/42

1484

RECEIVED

District Health Officer No. 7,

District File Number 3-42-230

Date Filed 3-11-42

JUN 8 1942

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 Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Humansville

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.