

FILED MAR 13 1942

Registration District No. 477

Primary Registration District No. 3021

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Wells City
(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 1
(Specify whether _____)
In this community life
years, months or days

3. (a) PRINT FULL NAME Walter Coral Kisher

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Feb 8 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Unknown

18. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Corra Lee

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bessie Reed

(b) Address 624 S. Walker St

17. (a) 1 Burial (b) Date thereof Nov 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells City Cemetery

18. (a) Signature of funeral director Wells City Ind Co

(b) Address Wells City Mo

19. (a) Mar 3 1942 (b) Mrs Lillie Lagle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Wells City
(If outside city or town limits, write "RURAL")

(d) Street No. 624 S Walker
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 th
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 12-22, 1940 to 2-24, 1942
that I last saw her alive on February 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1361

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: none

Of operations _____

Of autopsy none

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? _____

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

23. Signature Dr. R. K. Kishner (M. D. or other)

Address 321 Prince Bldg. Joplin Mo Date signed 2-28-42

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

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Mysel
....., Registered Apprentice No.....
working under my personal supervision.

Signed Blayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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, above space should be left blank.