

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
(Specify whether
In this community 19 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby ¹⁰²¹
(c) City or town Ender
(If outside city or town limits, write "RURAL")
(d) Street No. 70
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME William L. Kiser

8. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex Male 0 5. Color or race White 0 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased July 12 - 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 4 If less than one day hr min.

9. Birthplace Greenville Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Pelix Kiser

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Harris

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

16. (a) Informant's own signature Mrs. Paul Kiser

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Mar-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ender, Mo. Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) Mar. 20, 1942 Mrs. J. W. Waynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour 2 minute 31 P. M.

21. I hereby certify that I attended the deceased from March 1, 1942, to March 18, 1942;
that I last saw him alive on March 18, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure

Due to Chronic Endocarditis and Chronic Myocarditis

Due to Apoplexy

Other conditions (Include pregnancy within 3 months of death) 92 ✓

Major findings: Of operations No operation

Of autopsy No autopsy

Duration

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? _____

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

23. Signature Richard L. Hark (M. D. or other) _____

Address Shelbyville, Mo. Date signed 3/18/42

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

Rev. 5-17-39 I 119511

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.

RECEIVED

District Health Officer No. 10

District File Number 4-10-800

Date Filed APR 15 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 E. P. Thompson
Licensed Embalmer No. 1632
P. O. Address Shelbyville, 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.