

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FEB 8 1943

Registration District No. 94

Primary Registration District No. 5111

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Rocky Comfort
(c) Name of hospital or institution Rocky Comfort Rt. #11 (3 mi. S. of Sineo)
(d) Length of stay: In hospital or institution 23 yrs
In this community 23 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rural
(d) Street No. 3 mi. S. of Sineo
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Oilliver J. Kistler

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sena Kistler 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased January 6 1870

8. AGE: Years 73 Months _____ Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Tanogue Penn

10. Usual occupation farmer

11. Industry or business _____

12. Name John Kistler
13. Birthplace Penn
14. Maiden name Cardelia Agerbody
15. Birthplace Penn

16. (a) Informant J.P. Young

(b) Address Strandy Mo

17. (a) Burial (b) Date thereof 1-15-43

(c) Place: burial or cremation Rocky Comfort Cem.

18. (a) Signature of funeral director W. D. Koon

(b) Address Cassville, Mo.

19. (a) 1-30-43 (b) L. S. Kirk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14 day Jan 1943
year _____ hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 15 1936 to Jan. 14 1943
that I last saw him alive on Jan. 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) 92 lb

Major findings: Of operations _____

Of autopsy _____

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 J.P. Young (M. D. or other) _____

Address Walla Mo Date signed 1/27/43

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.

1290

RECEIVED

District Health Officer No. 6,

District File Number 234-161

Date Filed FEB 7 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.