S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5191

Registration District No. 5 1943 149 FILED MAR

Primary Registration District No. 1002

Registrar's No. 808

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3720 Indiana /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution xx (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3720 Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Anna Gisler

3. (b) If veteran, name war xx

3. (c) Social Security No. No

4. Sex Ma

5. Color or race Wh

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

6. (b) Name of husband or wife Rev. Jonathan Gisler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March (Month) 1 (Day) 1865 (Year)

8. AGE: Years 77 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Decatur (City, town, or county) Ill (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Witzemann
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Henrietta Stumpe
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Rev. Jonathan Gisler
(b) Address 3720 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 2-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1943 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 10, 1943, to Feb 15, 1943
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	few da
Due to (2a)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. Stumpe (M. D. or other) MD

Address 1022 Argyle Date signed 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1958

Argyle 1022

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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, fact should be so stated above.