

FILED MAR 11 1943

Registration District No. **257**

Primary Registration District No. **5880**

Registrar's No. _____

2600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution:
Linn, Mo. R. D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 86 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

(d) Street No. Linn, Mo. R. D.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRED KISO.

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 LOUISE KISO 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 29th, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>86</u>	_____ hr. _____ min.

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name John Kiso

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

14. Maiden name Meyer

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

16. (a) Informant Edw Kiso

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 2-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope, Mo.

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 3-1-43 (b) E. S. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24th
year 1943 hour 10 minute 50 p.m.

21. I hereby certify that I attended the deceased from Feb 23
1943 to Feb 24 1943
that I last saw him alive on Feb 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
arteriosclerosis

Due to _____

Due to _____

Other conditions 93x
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of 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 Thomas W. Baldwin 2 Do.
(M. D. or other)

Address Linn, Mo Date signed 2-27-43

1286

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address: Levin

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.