S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9649

State File No.

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 283

1. PLACE OF DEATH

(a) County Buchanan

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan 11

(c) City or town St. Joseph Mo 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1819 Angelequie
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME RUFFUS McKISSICK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of ~~husband~~ or wife Flora

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

7. Birth date of deceased April (Month) 27 (Day) 1865 (Year)

8. AGE: Years 77 Months 10 Days 0 If less than one day hr. min.

9. Birthplace Pulasqu (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George McKissick
13. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Phabia ? Unknown
15. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

16. (a) Informant Lenoa Hogue
(b) Address 1819 Angelequee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director LINCOLN MORTUARY, JOSEPH, MO.
(b) Address 107 N Mo Ave

19. (a) 3-2-43 (Date received local registrar) (b) Rose Hezy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27 year 1943 hour 11 A. M. minute M.

21. I hereby certify that I attended the deceased from February 9, 1943, to February 27, 1943; that I last saw him alive on February 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency Several Months	
Due to	
Due to	
Other conditions Paralysis of Left Side 2 yrs. (Include pregnancy within 3 months of death)	

92 b

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 Fenton Goodson (M. D. or other)
Address 109½ West Missouri Ave Date signed 3-2-43

1233 (Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St Joseph, 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.