

S. No. 2
1-24-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1943
Registration District No. 200

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14829
Registrar's No. 46

Primary Registration District No. 5725

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Rural Hudson T.P.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Macon
(c) City or town: Rural Macon
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John T. Rissler
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 20
year 1943 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from Jan 1, 1942
to April 21, 1943
that I last saw him alive on April 1, 1943
and that death occurred on the date and hour stated above.

4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced, or single: single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased: Dec. 6, 1868
(Month) (Day) (Year)

Immediate cause of death: Coronary Thrombosis
Duration: 16 min
Due to:
Due to: 94 a
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations:
Of autopsy:

8. AGE: Years 64 Months 4 Days 15 If less than one day hr. min.
9. Birthplace: Macon Co. Mo
(City, town, or county) (State or foreign country)
10. Usual occupation: Retired

MOTHER FATHER
11. Industry or business:
12. Name: Andrew C. Rissler
13. Birthplace: Ohio
(City, town, or county) (State or foreign country)
14. Maiden name: Lydia Zener
15. Birthplace: Penn.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Frank Lewis
(b) Address: Macon, Mo
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof: 4-22-43
(Month) (Day) (Year)
(c) Place: burial or cremation: Rysier, Mo.
18. (a) Signature of funeral director: Stephen G. Gooding
(b) Address: Macon, Mo.
19. (a) 5/6/43 (b) J. A. B. Dunette
(Date received local registrar) (Registrar's signature)

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. B. Conway (M. D. or other)
Address: Macon, Mo. Date signed: 4/29/43

91
8/43

1037

MAY 10 1948

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.....

O. L. Stephens

Licensed Embalmer No.....

3057

P. O. Address.....

Macon, 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.