

FILED JUN 15 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5092

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

1. PLACE OF DEATH: Bates-----Lone Oak Twp.

(a) County..... Rich Hill Missouri

(b) City or town..... Rich Hill Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(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..... lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Bates

(c) City or town..... Rich Hill Missouri  
(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..... Charles William Kisner

3. (b) If veteran, name war..... X

3. (c) Social Security No..... X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... April day..... 11  
year..... 1943 hour..... \_\_\_\_\_ minute..... \_\_\_\_\_ M.

4. Sex..... Male

5. Color or race..... W

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

6. (b) Name of husband or wife..... Marie Kisner

6. (c) Age of husband or wife if alive..... 42 years

7. Birth date of deceased..... September 31, 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

8. AGE: Years..... 42 Months..... 6 Days..... 11 If less than one day hr..... min.....

Immediate cause of death..... accidental  
Death from Drowning

9. Birthplace..... Bates Co. Missouri  
(City, town, or county) (State or foreign country)

Due to..... Epileptic attack.

10. Usual occupation..... farmer

Due to..... 1833  
36

11. Industry or business.....

Other conditions..... (Include pregnancy within 3 months of death)

12. Name..... Chas. T. Kisner

PHYSICIAN.....

13. Birthplace..... \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name..... Margaret Kisner

15. Birthplace..... \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Marie Kisner

(b) Address..... Rich Hill Missouri

17. (a) (Burial, cremation, or removal)..... Burial

(b) Date thereof..... 4/12/43  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Rogers Cemetery

18. (a) Signature of funeral director..... Booths

(b) Address..... Butler Missouri

19. (a) 4/12/43 (Date received local registrar)

(b) Pauline Humphreys (Registrar's signature)

Major findings: Of operations.....  
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... accident 007

(b) Date of occurrence..... between 4/5/43 and 4/11/43

(c) Where did injury occur?..... Lone Oak Twp. Bates Co Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

body recovered from man's des. sign  
While at work? (Specify type of place)

23. Signature..... J. H. Henderson (Name of physician)  
Address..... Butler Mo (City or town) (State)

Date signed..... 4-12-43

RECEIVED

District Health Officer No. 71

District File Number 31431497

Date Filed 6/8/43

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 G. Underwood*

Licensed Embalmer No. 3585

P. O. Address Butler Missouri

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.