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No. 2  
-5-42  
5-17-30  
FILED

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

OCT 8 1943 290  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5984

Registrar's No. 101

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

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland  
(c) Name of hospital or institution Liberty Hosp 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski  
(c) City or town Richland  
(d) Street No. Liberty Street  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew Jackson Kissinger

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 ANNIE KISSINGEY 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Feb 27 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 15, year 1943, hour 11 - minute 30 AM  
21. I hereby certify that I attended the deceased from 7-12-43 to 7-15-43 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis  
Sepsis

8. AGE: Years 75 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Stoulland MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name James Kissinger

13. Birthplace Mo. unknown town  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Monday

15. Birthplace unknown MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Kissinger

(b) Address Stoulland

17. (a) Burial (b) Date thereat 7/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Lewis

18. (a) Signature of funeral director R.B. Sepe  
(b) Address Richland Mo.

19. (a) 9-5-1943 (b) Chas. W. Cook  
(Date received local registrar) (Registrar's signature)

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 24a

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 R. H. H. H. H. (M. D. or other)  
Address Richland Mo. Date signed 7-25-43

1170

(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.....

Licensed Embalmer No. 3198

P. O. Address.....

**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.**