

FILED DEC 30 1943  
Registration District No. 3019489

Primary Registration District No. 1002

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

1. PLACE OF DEATH

(a) County Jackson County  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years 3 months Specify whether  
In this community 2 years 3 months years, months or days

3. (a) PRINT FULL NAME Albertina Kist

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 22 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 5 2 hr. min.

9. Birthplace Seyington Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Joseph Kist

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

14. Maiden name Mary Reubley

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

16. (a) Informant J. F. Phele

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 11-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seyington Mo

18. (a) Signature of funeral director Winkler Funeral  
(b) Address Seyington Mo

19. (a) 11-24-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Safayette  
(c) City or town Seyington 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24  
year 1943 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 28, 1943, to Nov 24, 1943;  
that I last saw her alive on Nov 21, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 day  
Due to Cerebral thrombosis 4 day  
Due to arteriosclerosis year  
Other conditions 83 lb  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no

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) no  
(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 John T. Shuman (M.D. or other) MD  
Address 1402 Bryant Blvd Date signed 11-24-43

XCMO

*See reverse side  
of certificate for  
signature of*

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**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.....

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.**