. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36790

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4799

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day 11 hrs. (Specify whether
In this community 39 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1522 E. 31 St.
(If rural, give location)

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

If yes, name country 11

3. (a) PRINT FULL NAME Sam Kiser

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years 66 Months – Days – If less than one day hr. min.

9. Birthplace (City, town, or county) 4 Poland (State or foreign country)

10. Usual occupation Junk Dealer

11. Industry or business

FATHER
12. Name Abraham I. Kiser
13. Birthplace (City, town, or county) 4 Poland (State or foreign country)

MOTHER
14. Maiden name Brina
15. Birthplace (City, town, or county) 4 Poland (State or foreign country)

16. (a) Informant Lena Kiser
(b) Address K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Carmel Cem

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address K. C. Mo

19. (a) 11-28-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1944 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 24, 1944 to Nov. 25, 1944
that I last saw him alive on Nov. 25, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	
Coronary thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 61	
Major findings: Of operations	
Of autopsy None	

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 A. E. Upsher (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 11-27-44

(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 ..... G. L. Lewis

Licensed Embalmer No. 3110

P. O. Address K. C. 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.