

S. No. 2
M-542
7. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6693**

FILED MAR 15 1945
Registration District No. **227**

Primary Registration District No. **3046**

Registrar's No. **229**

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

1. PLACE OF DEATH:
(a) County **Moniteau Co**
(b) City or town **California, Mo., Walkon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 Railroad Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **501 Railroad Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **James Ira McKissick**
(b) If veteran, name war **No**
(c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **17**
year **1945** hour **01** minute **4** A.M.
21. I hereby certify that I attended the deceased from **Feb 10**
19**45** to **Feb 17** 19**45**
that I last saw him alive on **Feb. 17** 19**45**
and that death occurred on the date and hour stated above.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dorra McKissick**
6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **May 24 1880**
(Month) (Day) (Year)

Immediate cause of death **Pneumonia Rt. lower lobe**
Duration **1 week**

8. AGE: Years Months Days If less than one day
64 8 24 hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace **Moniteau Co**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

11. Industry or business
12. Name **William H. McKissick**
13. Birthplace **Tenn**
(City, town, or county) (State or foreign country)
14. Maiden name **Amanda Groom**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

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) Means of injury

16. (a) Informant **Wm. H. McKissick**
(b) Address **California Mo**
17. (a) **Burial** (b) Date thereof **Feb. 19 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cent California**
18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo.**
19. (a) **2-19-1945** (b) **R. J. Allen**
(Date received local registrar) (Registrar's signature)

23. Signature **Ferguson Latham** (M. Doctor) **0**
Address **California, Mo.** Date signed **2-19-45**

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 3-14-45

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.