

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3424

State File No. _____

Registrar's No. 2

Registration District No. 230

Primary Registration District No. 4844

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Mc Kittrick
(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 _____ (Specify whether _____)

In this community 48 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Mc Kittrick
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 6
If yes, name country _____

3. (a) PRINT FULL NAME JAMES SEIFORT McKISSICK

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

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida McKissick 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 28 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Springfield Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Worker

11. Industry or business Railway work

MOTHER FATHER { 12. Name William McKissick

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

14. Maiden name Martha Ann Kaiser

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

16. (a) Informant Mrs. Ida McKissick

(b) Address Mc Kittrick, Missouri

17. (a) Burial (b) Date thereof 1-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loutre Is. Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) 1-16-46 (b) Mrs. Anna Lee Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1946 hour 3 minute 34 P.M.

21. I hereby certify that I attended the deceased from Feb. 21, 1948 to Jan 14, 1946; that I last saw him alive on Jan 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis Duration 3 yrs.

Due to Chronic prostatitis 10 yrs

Due to _____

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

Major findings: Of operations 2/18

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. G. Jeter (M. D. or other) W. G.
Hermann, Mo. Address: _____ Date signed 1/15/46

208

(Licensed Embalmer's Statement on Reverse Side)

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

1623

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-7-46

NOV 8

1946

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..... *Hughes Blumer*

Licensed Embalmer No.....3160.....

P. O. Address.....Hermann, 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.