

No. 2  
00M-5-43  
Rev. 5-17-39  
I X36671

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

Registrar's No. 2898

FILED JUL 10 1946  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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: Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
Specify whether \_\_\_\_\_

In this community 5 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Colby  
(If outside city or town limits, write "RURAL") 17

(d) Street No. Not Known  
(If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES I. MISNER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPHINE MISNER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 9-6-1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 9 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HARVARD NEBRASKA  
(City, town, or county) (State or foreign country)

10. Usual occupation PLUMBER

11. Industry or business OWN BUSINESS

12. Name David MISNER

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

14. Maiden name Evelyn Salter

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

16. (a) Informant James C. Misner

(b) Address Colby, Kansas

17. (a) Burial (b) Date thereof June 30 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Colby, Kansas

18. (a) Signature of funeral director D. H. Meyer

(b) Address 401 Brush Creek Blvd.

19. (a) 6-30-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1946 hour 7 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 25, 1946, to June 30, 1946; that I last saw him alive on June 29, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death acute Coronary Thrombosis 5 days

Due to Coronary arterio sclerosis 4 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 94a

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 D. F. Sanders M.D. (M. D. or other) 0

Address 820 Jefferson Blvd. Date signed 6/30/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

19282  
Mr. Misner  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1947

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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 Ernie M. Balson

Licensed Embalmer No. 3206

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.**