

**FILED** OCT 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 374

Primary Registration District No. 6294

Registrar's No. 41

**1. PLACE OF DEATH:**

(a) County Worth  
(b) City or town Greenburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

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

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

**3. (a) PRINT FULL NAME**

Virginia Marie Kisselkute

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex ♀ 5. Color or race W 6. (a) Single, widowed, married, divorced ✓

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive 18 years (Day) (Year)

7. Birth date of deceased Sept 18 1946 (Month) (Day) (Year)

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

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

**10. Usual occupation**

**11. Industry or business**

MOTHER FATHER { 12. Name David Kisselkute  
13. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)  
14. Maiden name Anna Panikau  
15. Birthplace Shrewsbury Mo (City, town, or county) (State or foreign country)

16. (a) Informant Gona Panikau  
(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 9-24-46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves Cem.

18. (a) Signature of funeral director Arch C. Dunshee

(b) Address Grant City, Mo.

19. (a) Sept 28-46 (b) Letta E. Dawson (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 28  
year 1946 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death mitral valve failed to close properly  
Due to Pneumatury  
Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) .....  
(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 Arch C. Dunshee (Attending physician)  
Address Grant City Mo Date signed 9-24-46

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

---

**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..... *Arch C. Duffee*.....  
Licensed Embalmer No. *32152*.....  
P. O. Address *Grant City, 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.**