

**FILED JAN 17 1947**  
Registration District No. **292**

Primary Registration District No. **5999**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Ralls,**  
(b) City or town **Center, Missouri R.F.D.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Center Township.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **60 Yrs.**  
years, months or days)

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

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **Frank Rissmiller** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **June 1, 1867**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>6</b>	<b>20</b>	hr. _____ min.

9. Birthplace **Ralls County, Missouri.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **Home.**

12. Name **William Dowell.**

13. Birthplace **Ralls Co, Missouri.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

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

16. (a) Informant **Frank Rissmiller**  
(b) Address **Center, Missouri.**

17. (a) **Burial** (b) Date thereof **Dec. 21, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem Cemetery.**

18. (a) Signature of funeral director **Clyde Wilsey**  
(b) Address **Center, Missouri**

19. (a) **12/26/46** (b) **Clyde Wilsey**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Ralls,** **87**  
(c) City or town **Center Township.**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **Center, Mo. R.F.D.** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No) **9**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec,** day **20th,**  
year **1946.** hour **1:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **Oct 10**  
19 **46** to **Dec 20** 19 **46**  
that I last saw h. **er** alive on **Dec 19** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **3 1/2 Mo.**  
Due to **Unknown**

Due to **Unknown**

Other conditions **Unknown**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **None**  
Of autopsy **None** **46 B**

**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 **2**

23. Signature **C. H. Brooks** (M. D. or other) **R.O.**  
Address **Center, Mo.** Date signed **12-26-46**

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

RECEIVED.  
District Health Officer No. 10  
District No. 1-47-123  
Date JAN 16 1947

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 *Blyden Wilkey*  
Licensed Embalmer No. 3820  
P. O. Address *Perry Ave.*

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.