

S. No. 2
M-5-43
7-5-17-39
I X36671

State File No. 8553
Registrar's No. 38

FILED MAR 24 1947
Registration District No. 110

Primary Registration District No. 4182

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

1. PLACE OF DEATH
(a) County Franklin
(b) City or town New Haven
(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 30 years years, months or days

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

3. (a) PRINT FULL NAME CHARLES KISSLING
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15
year 1947 hour 8 minute 35 P.M.

4. Sex Male S. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Kissling
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased May 13 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/3 1943 to 3/15 1947, that I last saw him alive on 3/15 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration ?

8. AGE: Years 85 Months 10 Days 2 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace New Haven (City, town, or county) (State or foreign country) U

Other conditions Arterio-sclerosis ?
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business _____

Major findings: Of operations _____ Of autopsy 94A
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Abraham Kissling 4
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Marie Edu
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Chas Burmeister
(b) Address St Louis Mo

17. (a) _____ (b) Date thereof Mar 18 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo
(d) Signature of funeral director L. B. Bertig, Son

(b) Address New Haven Mo
19. (a) Mar 18 1947 (b) Jessie Hamerbaum
(Date received local registrar) (Registrar's signature)

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 D

23. Signature B. P. Eisenmann (M. D. or other) M.D.
Address New Haven, Missouri Date signed 3/17/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3/21/47

APR 9 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 Earl Fertig
Licensed Embalmer No. 73385
P. O. Address New Haven Conn.

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.