

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 5 - 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16758

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 19

## 1. PLACE OF DEATH:

(a) County Camden Co.  
 (b) City or town Stoutland Mo - Douglas  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Roch 11.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME MARY M KISSINGER3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Robert Kissinger 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased Jan 30 1868  
 (Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace unknown Tennessee  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Robert Moore  
 13. Birthplace unknown Tennessee  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Martha Kimbrough  
 15. Birthplace unknown Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gilbert Brown(b) Address Stoutland Mo Rouch17. (a) Burial (b) Date thereof 5/11/47  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stoutland Mo18. (a) Signature of funeral director R. D. Jones(b) Address Stoutland Mo.19. (a) May 23 - 1947 (b) Zilpha Straw  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden  
 (c) City or town Stoutland Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rouch  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 5th  
year 1947 hour 2 minute 20 P.M.21. I hereby certify that I attended the deceased from Jan 5 1947  
and that death occurred on the date and hour stated above. April 4 1947  
That I last saw her alive on April 4 1947Immediate cause of death Chloroform Duration Ch

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations None

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 023. Signature R. D. Jones (M. D. or other) \_\_\_\_\_  
Address Stoutland Mo. Date signed 5 May15  
80

RECEIVED  
District Health Officer No. 7,  
District File Number 4-42-637  
Date Filed 5-28-47

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.....

*Arthur E. Benich*....., Registered Apprentice No. *481*  
working under my personal supervision.

Signed.....  
*R. J. Dupre*  
Licensed Embalmer No. *3198*  
P. O. Address.....  
*Rickland*

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.