

FILED JAN 6 1948

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

Registration District No. 24

Primary Registration District No. 5293

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Clinton  
(b) City or town Rural Gower Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
atchison 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 entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton  
(c) City or town Rural Gower  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. 7. 12 H 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Daniel McKissick

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 20 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 4 1 hr. \_\_\_\_\_ min.

9. Birthplace Clinton Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Farming

12. Name Rhiney McKissick

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

14. Maiden name Mary Weeden

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

16. (a) Informant William Beck

(b) Address GOWER MO

17. (a) Burial (b) Date thereof Dec 23-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McKissick Cem

18. (a) Signature of funeral director H. A. Sullins

(b) Address GOWER MO

19. (a) Dec 23 1947 (b) Quince Chatham  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21  
year 1947 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1947, to \_\_\_\_\_, 1947  
that I last saw him alive on Dec 19th and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis  
Due to arteriosclerosis

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

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

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 J. E. Starks (M. D. or other) MD

Address Gower Mo Date signed 1/2/48

Duration

3 yrs

3 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAR 13 1946

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 J. A. Sullivan

Licensed Embalmer No. 1738

P. O. Address Lower 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.