

FILED APR 5 1948
Registration District No. **4**

Primary Registration District No. **5575**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **GRANDVIEW**
(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 **2 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON 48**

(c) City or town **GRANDVIEW**
(If outside city or town limits, write "RURAL")

(d) Street No. **✓**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EDWIN THOMAS HISEY**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **19** year **1948** hour **7:00** PM minute **45** M

21. I hereby certify that I attended the deceased from **Was called or time of death 3-19-48** or time of death **3-19-48** to **19** 19 **1948**;
that I last saw him alive on **3-18** 19 **1948**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **MARGARET MAY HISEY**

6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **OCT. 25 1869**
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**

Due to **over exertion**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **78** Months **4** Days **24** If less than one day _____ hr. _____ min.

Duration **Sudden onset**

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

9. Birthplace **Henry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED BLACKSMITH**

11. Industry or business _____

12. Name **JAMES M. HISEY**

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

14. Maiden name **MARY WALLER**

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

16. (a) Informant **MRS. LEONA KENNEDY**

(b) Address **GRANDVIEW, MO.**

17. (a) **BURIAL** (b) Date thereof **3-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MARIAN CEMETERY**

Major findings: Of operations **940**

Of autopsy _____

18. (a) Signature of funeral director **G. H. Berger**

(b) Address **Grandview, Mo.**

19. (a) **APR 20 1948** (b) **St. Anne's Hedges**
(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? _____
(Specify type of place)

While at work? _____ (a) Means of injury **0**

23. Signature **H. D. Hooper** (M. D. or other) _____
Address **Grandview, MO** Date signed **3-20-48**

JAN 5 1949

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..... *A. K. George*

Licensed Embalmer No. *3645*

P. O. Address *Brandonville, 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.