

FILED APR 21, 1948
Registration District No. **1**

Primary Registration District No. **5585**

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

1. PLACE OF DEATH: Jasper

(a) County Jasper

(b) City or town Carthage "Rural" Madison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 3 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

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

3. (a) PRINT FULL NAME Eliza Jeanette KISSEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife David H. Kissel

6. (c) Age of husband or wife if alive, years 15, 1861

7. Birth date of deceased May 15, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	10	24	hr. min.

9. Birthplace Putman Co., Ohio.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Newell

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

14. Maiden name Kathryn Slith

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

16. (a) Informant Mrs. Edith Roper

(b) Address Route #1 Carthage, Mo.

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

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 4-10-1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th, year 1948 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from Mar - 9 1948 to Apr 9 1948, that I last saw alive on Apr 2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death
Cor Myocardial
arteriosclerosis
Hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

Signature H. B. ... (M. D. or other)

Address Carthage Mo. Date signed Apr 8 1948

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 _____

Charles X. Hutsler, Jr.

Registered Apprentice No. *#27*

working under my personal supervision.

Gene C. Pugh

Signed *Gene C. Pugh*

Licensed Embalmer No. *4231*

P. O. Address *Carthage, 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.