

No. 2  
-1/47  
5-17-39

National Office of Vital Statistics

**FILED JUN 9 1948**

Registration District No. **22**

Primary Registration District No. **3011**

Registrar's No. **53**

1. PLACE OF DEATH:

(a) County **Carroll**  
(b) City or town **Carrollton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **E. Bolen St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **40yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**  
(c) City or town **Carrollton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **108 E. Bolen St**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Louise G. Kiskadon**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. **496-073412**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Frank Kiskaden**  
6. (c) Age of husband or wife if alive **Dead** years  
7. Birth date of deceased **March 28 1892**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>2</b>	<b>1</b>	hr. min.

9. Birthplace **Carroll Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Ostermeier Gerling.**  
13. Birthplace **ILL.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Katherine Ostermeier**  
15. Birthplace **ILL.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Freda Knipschild.**  
(b) Address **Carrollton Mo.**  
**Burial**  
17. (a) (Burial, cremation, or removal) (b) Date thereof **5/31/48**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Marshall F. Home**  
(b) Address **Carrollton Mo.**

19. (a) **6/1/48** (Date received local registrar)  
(b) **W. Herbert Calvert** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29**  
year **1948** hour **9** minute **10** AM.

21. I hereby certify that I attended the deceased from **May 27 1948** to **May 29 1948**  
that I last saw her alive on **May 29 1948**  
and that death occurred on the date and hour stated above  
Duration

Immediate cause of death **Pneumonia Emboli**  
**Emphysis over the body**  
Due to.....  
Due to.....

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

Major findings:

Of operations.....  
Of autopsy.....

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 industrial place, in public place? (Specify part of place)

23. Signature **P. Hamilton** (Specify name of place) (b) means of transport  
Address **Carrollton, Mo** Date signed **June 1/48**

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

MOTHER FATHER

17  
1  
1  
0

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-8-48

JUN 21 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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 4469

P. O. Address Carrollton, 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.