No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1948

Registration District No. 247

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30508

Primary Registration District No. 5839

Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Granby Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL") 4
(d) Street No. 104 S. Prospect
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence Edwin Rissler
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male D
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Edith Rissler
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Sept. (Month) 19 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
40	11	29	hr. min.

9. Birthplace Hughesville Mo (City, town, or county) (State or foreign country)
10. Usual occupation Dairy Man
11. Industry or business Dairy
FATHER
12. Name Chas. M. Rissler
13. Birthplace Beeman Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Myrtle J. Davis
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Wm. B. Rissler
(b) Address 711 W. 4th Sedalia, Mo
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo
18. (a) Signature of funeral director Culver-Duncan
(b) Address Granby Mo
19. (a) 9-17-48 (Date received local registrar) (b) M. T. Young (Registrar's signature) 225

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1948 hour about 1 minute a. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw ~~him alive~~ dead on Sept 17, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Internal Injuries	
Due to: Was pinned under a truck in a Car-Truck Collision	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no.	

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) Inquest Pending 73
(b) Date of occurrence Sept. 17 1948
(c) Where did injury occur? Near Granby (City or town) Newton (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? U.S. Highway #60 (Specify type of place)
While at work? yes (e) Means of injury Collision
23. Signature Cooley Thompson (Coroner or other)
Address Neosho Mo Date signed 9/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton Co. Ill. Unit
District File Number 948-379
Date Filed 9-22-48

Date Filed

DEC 27 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 Paul D. Herbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.