

FILED JAN 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40733

State File No. 1367

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>D'Oniphan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elwood</b>	
c. LENGTH OF STAY (In this place) <b>4 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>-----</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Frank</b>	b. (Middle) <b>Leroy</b>	c. (Last) <b>Kish</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 27, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 17, 1883</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg. Construction</b>	11. BIRTHPLACE (State or foreign country) <b>Rockport, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Peter Kish</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Drew</b>	14. NAME OF HUSBAND OR WIFE <b>Venue Kish</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-07-4671</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Venue Kish-Elwood, Kansas</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Solar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>no facts</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>490X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Dec 26 PM 1951**, to **Dec 27-AM 1951**, that I last saw the deceased alive on **Dec 27, 1951**, and that death occurred at **3:15p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul Jorgensen M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>12-27-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-27-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefont Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wathena, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>Jan 7, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles M. Zisman</b>	ADDRESS <b>Harman Funeral Home Wathena, Ka.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS JUN 9 1959

VS JUL 22 1959

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address Wathena, Kansas

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.