

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAY 19 1936

15240

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City (No. Menorah Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1752  
Registered No. \_\_\_\_\_

2. FULL NAME

JACK D. CISSNA  
(a) Residence, No. 1117 West 41st St. Ter. S. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helyn L. Cissna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
30 5 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

13. NAME Guy A. Cissna

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Lena M. Wyner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT (ADDRESS) Dorothy Maloney  
1117 West 41st St. Terrace

18. BURIAL ~~CROSS CEMETERY~~ Mt. Moriah Cem.  
PLACE Kansas City, Mo. DATE April 14, 1936

19. UNDERTAKER (ADDRESS) Stine & McClure  
3255 Gillham Plaza

20. FILED Apr 13 1936 M. M. Browne  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to April 12, 1936

I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

Multiple Pylephlebotic Abscesses Date of onset \_\_\_\_\_

Purulent Thrombo-Phlebitis of Portal Vein

Gangrenous Perityphlitis

Other contributory causes of importance: \_\_\_\_\_

Name of operation 100a Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. etc. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Harold T. Fawcett, M. D.  
(Address) 713 Medical Bldg

