

JAN 25 1941

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution: 317 W 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs years, months or days 2

3. (a) PRINT FULL NAME Hattie Marion Rissler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Smith Rissler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 18 - 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Beaver Township Penn
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew J. Lane
13. Birthplace Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Ellie Taylor
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Yeager

(b) Address Beaman Mo
17. (a) Burial (b) Date thereof Dec-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem

18. (a) Signature of funeral director Mc Laughlin

(b) Address Sedalia Mo

19. (a) 11-21-40 (b) Mrs. Harry Sneed
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 317 W 6th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21
year 1940 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from as coroner case only, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism

Due to arteriosclerosis - severe
chronic myocarditis

Other conditions: 92C
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy see above

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? _____

23. Signature Derday (Specify type of physician) (M. D. or other) MD
Address Coroner Pettis Co. Date signed 12-21-40

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

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4
4

RECEIVED
District Health Officer No. 8,
Date filed _____
14-14-11

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 _____
P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seelala

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, above space should be left blank.