

FILED MAR 15 1943

Registration District No. 449

Primary Registration District No. 1002

Registrar's No. 1119

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3922 Morrell Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. --- (Specify whether
In this community. 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3922 Morrell Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME Mr. Levi Dennis Cisel

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mrs. Josephine Cisel

6. (c) Age of husband or wife if alive. 59 years

7. Birth date of deceased. October 14 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 4 28 17 hr. min.

9. Birthplace Alendale Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Star Route

11. Industry or business Kansas City Star

12. Name John H. Cisel

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Jemima Keen

15. Birthplace Alendale Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Cisel

(b) Address 3922 Morrell

17. (a) Burial (b) Date thereof Mar. 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Son

(b) Address 1401' Brush Creek Blvd

19. (a) 3-5-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1943 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3/1/43 to 3/1/43, 1943;
that I last saw him alive on 3/1/43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Pulmonary Edema, 1 day
Coronary Arterial disease 2 yrs.

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature]
Address 300 First St. S. J. 43

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

MOTHER FATHER

10/11/1940

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P.O. Address *↑ c. 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.