

No. 8-13 17-39 X37823

STANDARD CERTIFICATE OF DEATH

15604

State File No.

Registration District No. 2

Primary Registration District No. 4004

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Bolckow
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution 81 yrs
In this community 81 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Bolckow
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME NATHAN ALEXANDER LISIMINGER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Ella Stanton 6. (c) Age of husband or wife if alive years 28

7. Birth date of deceased AUG 28- 1864

8. AGE: 87 years 8 months 9 days

9. Birthplace Andrew Co Mo

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Lisiminger

13. Birthplace Andrew Co Mo

14. Maiden name Lydia Harvey

15. Birthplace in Marion

16. (a) Informant Roy Lisiminger

(b) Address Bolckow

17. (a) B. (b) Date thereof 6-9-1946

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Brett

(b) Address Savannah Ga

19. (a) 5-9-46 (b) William J. ... Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 7 year 1946 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from 19 April 1946 to 7 May 1946 that I last saw him alive on 6 May 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 4 yrs.

Due to
Due to

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

Major findings:
Of operations: ASD
Of autopsy:

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)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?
23. Signature: Roy Lisiminger (M. D. or other)
Address: Savannah Ga Date signed: June 1946

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

MOTHER FATHER

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Registration District No. 2

Primary Registration District No. 4004

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

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

3. (a) PRINT FULL NAME Nathan A. Cisiminger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May
 year 1946 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased: Aug 28
(Month) (Day) (Year)

Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 81 Months 10 Days _____
(If less than one day)
 hr. _____ min. _____
 9. Birthplace: _____
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

16. (a) Informant _____
 (b) Address _____
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT A. L. JORD

SUPPLEMENTARY

15604