

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1946

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36730

State File No. _____

Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Barab, Clinton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: On Grandriver bridge Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Harrell
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pliny F Kisor

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

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

6. (b) Name of husband or wife Beulah Kisor 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: 10 2 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace: Muscatine Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Raymond Kisor

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

14. Maiden name Harnett

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

16. (a) Informant Beulah Kisor

(b) Address Harrell Mo

17. (a) Barab (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norris Cemetery

18. (a) Signature of funeral director Fred Williamson

(b) Address Clinton Mo

19. (a) 11-27-44 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw the deceased on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Riding in a truck which broke thru a bridge causing a fractured skull and a broken neck with immediate death
Duration _____

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

Major findings: 1700-8
Of operations _____
Of autopsy 1727

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) Accident

(b) Date of occurrence 11/26/46

(c) Where did injury occur? Clinton Henry Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4 mi west of Clinton on hi 18.
(Specify type of place) (e) Means of injury Truck crash

23. Signature of physician Rob Hallengren
Address Clinton Mo Date signed 11/29/46

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

120

(Licensed Embalmer's Statement on Reverse Side)

Date Recd 12-2-46
Died 11-4-30
No. 7

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 *W. L. Vincent*

Licensed Embalmer No. *3779*

P. O. Address *Clinton*

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.