

FILED JUL 17 1947

Registration District No. _____

Primary Registration District No. **3012**

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sharp Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Year
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ROBERT GRAHAM BISSELL

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 Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 1 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 5 14 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Albert Bissell

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

14. Maiden name Margaret Graham

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

16. (a) Informant Ivah Van Erp

(b) Address 3110 Grand, Kansas City, Mo.

17. (a) Burial (b) Date thereof 6/17/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Point

18. (a) Signature of funeral director Claude Trichard

(b) Address Excelsior Springs, Mo.

19. (a) 6/17/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from _____, 19____, to June 15, 1947
and that death occurred on the date and hour stated above.
that I last saw him alive on 4 June, 1947

Immediate cause of death _____
Stroke

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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?

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

23. Signature C. B. Johnson (M. D. or other) MD

Address Excelsior Springs Mo Date signed 6/16/47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 7-9-47

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 *Robert E. White*

Licensed Embalmer No. *4168*

P. O. Address *Spencer, Mass.*

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.