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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36831

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4613

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: 5525 Park
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5525 Park 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Bessie Maude Rissel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife M. L. Rissel

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June (Month) 13 (Day) 1877 (Year)

8. AGE: Years 71 Months 4 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Leesville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business x

FATHER
12. Name R. I. Renfro
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Liza Dunn
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel Harris

(b) Address 5500 Olive K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton, Missouri

19. (a) 11-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1948 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov 1-48, 19__, to Nov 9, 1948, that I last saw her alive on Nov 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	8 days
Due to: Myocarditis chr	3 yrs
Due to:	
Other conditions: no (Include pregnancy within 3 months of death)	
Major findings: Of operations no 9 3d	
Of autopsy no	

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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? George W. Griffith (Specify type of place)

While at work? (e) Means of injury

23. Signature George W. Griffith (M. D. or other) MD

Address 4000 Fullerton Date signed Nov 10/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1951

Dr. Geo. W. Griffith
4000 Baltimore
We 1426

DEC 21 1951

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 Chas E. Wicks

Licensed Embalmer No. 2644

P. O. Address KC 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.