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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED AUG 19 1948  
Registration District No. 217

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27380  
State File No. \_\_\_\_\_  
Registrar's No. 67

Primary Registration District No. 6022

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Richmond  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray 89  
(c) City or town Richmond 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? no. (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIS CLAIBORNE McKISSACK  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 5  
year 1948 hour 5 minute A M.  
21. I hereby certify that I attended the deceased from 8-1  
1948 to 8-5-1948  
that I last saw him alive on 8-1-1948  
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive 23 years (Day) (Year) 1854

Immediate cause of death Cerebral hemorrhage  
arterio-sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

7. Birth date of deceased Oct. 23 1854  
(Month) (Day) (Year)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
93 9 12 hr. \_\_\_\_\_ min.  
9. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
12. Name John Mc Kissack  
13. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Cerena Riggs  
15. Birthplace Ray County Mo.  
(City, town, or county) (State or foreign country)  
16. (a) Informant Florence Barger  
(b) Address Excelsior Springs, Mo.

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? \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7 1948  
(Month) (Day) (Year)  
(c) Place: burial or cremation Odell Cemetery, Orrick, Mo.  
18. (a) Signature of funeral director Thomas G. Carter  
(b) Address Richmond Mo.  
19. (a) Aug 9 - 1948 (Date reported local registrar) (b) W. Mabel Jackson (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature E. B. Jay (M. D. or other) W. M. Jackson  
Address Richmond Date signed 8-7-48

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

MOTHER FATHER

**RECEIVED**

**District Health Officer No. 8,**

**District File Number** \_\_\_\_\_

**Date Filed** 8-18-48

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**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.**