

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security

No. 12117

1 PLACE OF DEATH

County Erie Registration District No. 348 File No. 12117

Township Huron Primary Registration District No. 2357 Registered No. 15

or Village Huron No. N.E.C.R.R. Right of way St. 421 Ward Adrian, Mich.
(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred 77 mos. 11 ds. How long in U. S., if of foreign birth 77 mos. 11 ds.

2 FULL NAME Charles S. Kisinger Did Deceased Serve in U. S. Navy or Army.

(a) Residence. No. 923 E. Church St. 421 Ward Adrian, Mich.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced. Write the word Married

3a. If Married, Widowed, or Divorced Husband of (or) EDNA Edna Kisinger

6. DATE OF BIRTH (month, day, and year) 12/13-1876

7. AGE (years) Months Days If LESS than 1 day hrs. or min. 64 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.Y.C.R.R.

10. Date deceased last worked at this occupation 7/17/41 11. Total time (years) spent in this occupation 16 1/2

12. BIRTHPLACE (city or town) Adrian (State or country) Mich

13. NAME Charles E. Kisinger

14. BIRTHPLACE (city or town) Tiffin (State or country) Ohio

15. MAIDEN NAME Theresa Katz

16. BIRTHPLACE (city or town) Cleveland (State or country) Ohio

17. The Signature of INFORMANT Mrs. Edna Kisinger and (Address) Adrian, Mich.

18. BURIAL, CREMATION, OR REMOVAL Place Adrian, Mich. Date 7/19/41

19. FUNERAL FIRM J. E. Everiss & Son

19a. BURIED BY Adrian, Mich. Lc. No. Mich

19b. EMBALMER Wright M. Stein Lc. No. 3400-A

20. FILED 7-17 1941 W. J. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7/17, 1941.

22. I HEREBY CERTIFY, That I attended deceased from Cornetts Case 1941. I last saw h alive on 1941, death is said to have occurred on the date stated above at 12:22 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Fractured Cervical Vertebrae 7/17/41. Fractured R. Humerus, Clavicle & T. Scapula.

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation _____ Date of _____

23. If death was due to external causes (violence) fill in, also the following: Accident, suicide, or homicide Accident Date of injury 7/17, 1941.

Where did injury occur? Huron, Ohio. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry - P. R. Tracks - Huron, Ohio.

Manner of injury Struck by N.Y.C. Train.

Nature of injury See above.

24. Was disease or injury in any way related to occupation of deceased? Yes.

If so, specify Mrs. P.R. employee at work. (Signed) E. S. Wiggland MD M-D-7 Date 7/17, 1941. Address Sandusky, O.