

OCT 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33121
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 0265
(b) Township Polk Primary Registration District No. 3031
(c) City Maryville (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred Life mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME May Orear Sisson

(a) Residence, No. Maryville 430 W. Lincoln St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. Paul Sisson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26 1881
7. AGE YEARS 58 MONTHS 0 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1939 11. Total time (years) spent in this occupation 20 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryville Missouri
13. NAME Elias Dudley Orear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
15. MAIDEN NAME Mary Belle Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway County, Mo.

17. INFORMANT N. Paul Sisson
(ADDRESS) Maryville

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam DATE September 26, 1939

19. FUNERAL DIRECTOR (NAME) Price Funeral Home
(ADDRESS) Maryville

20. FILED Sept 28 1939 Wm. E. Clarke Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11.20.28, 1939, to 9.24.39, 1939.
I last saw h. W alive on 9.24.39, 1939. Death is said to have occurred on the date stated above, at 6:00 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis of aorta
Hb
Other contributory causes of importance:
Hypertensive pneumonia 9.20.39

Name of operation Dec. organostomy Date of 8-7-39
What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 1939
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. H. Ryan, M. D.
Maryville Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 11,

District File Number 1039-1289

Date Filed OCT 17 1939

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

John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.