No. 2
5-10-39
17-39

15624

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1940

State File No.

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 45

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nathaniel Paul Sisson 25

3. (b) If veteran, name war Spanish American

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife May Drear Sisson

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

7. Birth date of deceased Oct. (Month) 7 (Day) 1875 (Year)

8. AGE: Years 64 Months 6 Days 18 If less than one day hr. min.

9. Birthplace Maryville (City, town, or county) Mo (State or foreign country)

10. Usual occupation Loan & Title Co. Manager

11. Industry or business Farm Loans, Insurance

FATHER
12. Name Nathaniel Sisson
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Susan Hughes
15. Birthplace Lexington (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. L.M. Fek

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) 4-30-40 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1940 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from December 1-1939, 19 to April 25, 1940
that I last saw him alive on April 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylocacic Cerebro Spinal Meningitis Five days duration

Due to 11 Pd

Due to Weakened Condition from a "Flu" Contracted Dec. 1-1939

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Culture of Staphylocacci from cerebro spinal fluid

Of autopsy

Duration

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? 556 (Specify type of place)

While at work? (e) Means of injury

23. Signature Chas. T. Bell M.D. (M.D. or other)

Address Maryville Mo. Date signed 4/27/40

(Licensed Embalmer's Statement on Reverse Side)

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, M

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

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