S. No. 2
—11-10-39
v. 5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22012

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 25 South Hall Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Elmer J. Sisson 250

3. (b) If veteran, name war Unknown S (495-09-6680) 3. (c) Social Security No. ~~no date~~

4. Sex Male 5. Color or race W. 6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband~~ or wife Katherine Sisson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased October (Month) 20, (Day) 1887 (Year)

8. AGE: Years 52 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Jasper County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation 1

11. Industry or business W. C. & Carterville Foundry 1

FATHER
12. Name Joshaway Sisson
13. Birthplace No data (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Diantha Shank
15. Birthplace no data (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Millard Sisson
(b) Address Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Aurora, Mo

18. (a) Signature of funeral director Hedge Nelson
(b) Address Webb City, Missouri

19. (a) JUNE 14.40 (Date received local registrar) (b) P. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1940 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 6-7, 1940, to 6-13, 1940; that I last saw him alive on 6-13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to alcohol

Due to 1241

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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? 377 (Specify type of place)
While at work? (e) Means of injury

23. Signature M. S. Slaughter (M. D. or other) 3 40
Address Webb City Mo Date signed 6-14-40

(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

C. W. Hedge, Registered Apprentice No.

working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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, above space should be left blank.