

S. No. 2
-11-10-30
5-17-30
I X2192

1940 OCT 10 1940 **85**

Registration District No. _____

Primary Registration District No. **1001**

Registrar's No. **1031**

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

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5311 Williams St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **One month**
(Specify whether years, months or days)
 In this community **25 years**

3. (a) PRINT FULL NAME **Golda Sisco**
3. (b) If veteran, name war No. _____ **3. (c) Social Security No.** **496-01-5169**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Wayne** **6. (c) Age of husband or wife if alive** **26 years**
7. Birth date of deceased **October 28, 1914**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	25	10	22hr.min.

9. Birthplace **Douglas County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Egg Handler**

11. Industry or business **Bowman & Co.**

MOTHER { **12. Name** **Sidney Morgan**
13. Birthplace **Douglas County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Sisco**
15. Birthplace **Douglas County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mother (Mrs. Martha Morgan)**
(b) Address **5311 So. 1st. St.**

17. (a) Burial **(b) Date thereof** **Sept 23, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **John E. Rupp**
(b) Address **6054 Pryor Ave. St. Joseph, Mo.**

19. (a) Date received local registrar **9/21/40** **(b) Registrar's signature** *[Signature]*

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
0 5311 Williams St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **50** day **Rep 2**
 year **1940** hour **11** minute **4** M.

21. I hereby certify that I attended the deceased from **Apr 1940**
 to **Rep 20** 19 **40**
 that I last saw h. **4** alive on **Rep 30** 19 **40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary J.R.**
 Duration **2 yrs**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

85 While at work _____
(Specify type of place) (e) Means of injury.

23. Signature **John E. Rupp** (M. D. or other) **10/2/40**
Address **Central St. Joseph** **Date signed** **9/27/40**

DEC 4 1944

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.....

MYSELF

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Papp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Missouri

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.