

I. PLACE OF BIRTH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
840 North Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years (Specify whether
years, months or days)

8. (a) PRINT FULL NAME WILLIAM Sisco

3. (b) If veteran, name war none 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, unknown

7. (b) Name of husband or wife Eva Adams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 28 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

MOTHER FATHER

11. Industry or business
12. Name Robin Sisco

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

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Farley

(b) Address 840 N Montgall

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

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director J. Peterson

(b) Address 2657 Independence

19. (a) 12-26-41 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 840 North Montgall
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23rd
year 1941 hour 9:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 10 1941, to Dec 23rd 1941.

that I last saw him alive on Dec 22 1941
and that death occurred on the date and hour stated above...

Immediate cause of death

Coronary artery
Stomach ulcers
was malignant

Due to _____

Other conditions H & B
(Include pregnancy within 3 months of death)

Major findings: Generalized
metastatic

Of autopsy no

Duration

6 months

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? _____

Will it work? _____ (Specify type of place)
(e) Means of injury 21

23. Signature Dr. J. D. Cameron (M. D. or D.M.S.)

Address 3028 E. 24th Date signed 12-23-41

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

048
3
8

048
3
8

0

1941

1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

Will it work? _____ (Specify type of place)
(e) Means of injury 21

23. Signature Dr. J. D. Cameron (M. D. or D.M.S.)

Address 3028 E. 24th Date signed 12-23-41

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.....

W. J. Ward

Licensed Embalmer No. 3991

P. O. Address. 5725 Virginia

N.C. 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.-