

FILED FEB 18 1942  
309310

Registration District No. \_\_\_\_\_

Primary Registration District No. 5429A

Registrar's No. 6

1. PLACE OF DEATH

(a) County Henry  
(b) City or town Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 life time

3. (a) PRINT

FULL NAME Mrs. CORA ANN SHISLER

3. (b) If veteran, \_\_\_\_\_

name war \_\_\_\_\_

3. (c) Social Security

No. NON

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife L. B. Index Shisler 6. (c) Age of husband or wife 73 years  
7. Birth date of deceased Dec 24 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 23 If less than one day L hr. L min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Elias Capdill

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

14. Maiden name Sarah Connor

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

16. (a) Informant Mrs. R. B. Shisler

(b) Address Henry 710 PA

17. (a) burial (b) Date thereof 1-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial St. Mary's

18. (a) Signature of funeral director Latoy H. Phillips

(b) Address St. Mary's

19. (a) 1-19-42 (b) Latoy H. Phillips  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry  
(c) City or town Union  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (If yes, name country \_\_\_\_\_)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1942 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 3 1942 to Jan 17 1942  
that I last saw him alive on Jan 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia

Due to Asphyxiation

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury fall

23. Signature E. M. Wallman (M.D. or other) \_\_\_\_\_

Address Henry 710 Date signed 1/19/42

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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.....

*Lator H. Phillips*

Licensed Embalmer No. ....

*1898*

P. O. Address .....

*Stonbury Md*

**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, fact should be so stated above.**