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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

12205

State File No. ....

FILED APR 25 1942

Registration District No. 8500

Primary Registration District No. 45003

Registrar's No. 40

1. PLACE OF DEATH:  
(a) County Shelby Co.  
(b) City or town Howard Rural  
(c) Name of hospital or institution: Salt River Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Bissey  
(b) If veteran, name war no (c) Social Security No. no

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married Married  
(b) Name of husband or wife Kannah Bissey 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Dec 13 - 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation Farming & Minister

11. Industry or business

12. Name Abraham Bissey

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

14. Maiden name Kersky

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

16. (a) Informant Kannah Bissey

(b) Address Howard

17. (a) Chap. 26 (b) Date thereof 2 - 25 - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherry Box

18. (a) Signature of funeral director William Barker

(b) Address Shelby Co. Mo.

19. (a) Mar 26 1942 (b) Madge Good  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Shelby  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23  
year 1942 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from February 20, 1942, to February 23, 1942  
that I last saw him alive on February 23, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocard Stenosis

Duration 30-40 yrs

Due to 1950

Due to

Other conditions Laceration of leg, 9 Feb. 20  
(Include pregnancy within 3 months of death)

bruises caused by Run 2/24

Major findings: Operations Team

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?

While at work? (Specify type of place) Means of injury 3

23. Signature Dr. Howard W. Dutton (M.D. or other) Do.

Address Bethel Mo. Date signed Feb 25, 42

RECEIVED

District Health Officer No. 10

District File Number 4-42-1006-868

Date Filed APR 24 1942

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.....

Licensed Embalmer No. 3498

P. O. Address.....

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.