

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 4 1942

Registration District No. 42

Primary Registration District No. 8007

Registrar's No. 321

12  
7  
3

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

1. PLACE OF DEATH:

(a) County Butler

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

(c) Name of hospital or institution:  
Poplar Bluff Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard <sup>163</sup>

(c) City or town Dexter <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>1</sup>

(d) Street No. Locust Street  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Georgia Ann Sisler

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4  
year 1942 hour 9 minute 05 A.M.

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

7. Birth date of deceased Aug. 28, 1866  
(Month) (Day) (Year)

8. (b) Name of husband or wife R. A. Sisler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from 9-21-1942 to 10-4-1942  
that I last saw her alive on 10-4-1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	1	6	hr. min.
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Immediate cause of death: Coronary occlusion

Due to Arteriosclerosis, generalized

Direct Hypertension

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

9. Birthplace Near Clarkton, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings: 94a

Of operations None

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Caswell Ashcraft

13. Birthplace No Record <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Kelly <sup>9</sup>  
(City, town, or county) (State or foreign country)

15. Birthplace No Record <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank LaRue

(b) Address Dexter, Mo.

17. (a) Removal (b) Date thereof 10-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland  
(b) Address Dexter, Mo.

19. (a) 10-5-42 (b) Belle Kinnane  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. H. Porter (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo. Date signed 10-5-42

RECEIVED

District Health Office No. 2,

District File Number 1142-1337

Date Filed 11-2-42

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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, per by  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff,

**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.**