

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. 87

FILED MAR 31 1943  
Registration District No. 48

Primary Registration District No. 5135

12  
002  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County BUTLER  
(b) City or town FISK RURAL #1  
(c) Name of hospital or institution: ash hill camp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Butler  
(c) City or town Fisk Rural #1  
(If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME JAMES D. SISCO  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 19  
year 1943 hour 11 minute P. M.  
21. I hereby certify that I attended the deceased from 9/15/42  
19..... to 3/10 19 43

4. Sex MALE 5. Color or Race WHITE 6. (a) Single, widowed, divorced, married  
6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Jan. 19. 1871  
(Month) (Day) (Year)

that I last saw him alive on 3/10 19 43  
and that death occurred on the date and hour stated above.  
Immediate cause of death Respiratory failure Duration

8. AGE: Years 72 Months 2 Days..... If less than one day hr. min.

Due to splenic Anemia month  
Due to.....  
Other conditions..... (Include pregnancy within 3 months of death) 750

9. Birthplace Butler County Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farming  
11. Industry or business.....

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Eravillie Sisco  
13. Birthplace Stoddard county MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Maude Strong  
15. Birthplace Butler County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Nelson  
(b) Address 159 1/2 E. 3rd St. Louisville MO  
17. (a) Burial (b) Date thereof MAR. 21. 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation Ash Hill Court  
18. (a) Signature of funeral director BLACKES MORTUARY  
(b) Address Doniphan Missouri  
19. (a) 3-20-43 (b) W. L. Hume  
(Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury.....  
23. Signature Gordon A. Henshill (M. D. or other).....  
Address Fisk Date signed 3/20/43

12.  
12.95  
26

RECEIVED  
District Health Office No. 2  
District File Number 843-431  
Date Filed 3-30-43

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, \_\_\_\_\_  
\_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Leshie D. Russell  
Licensed Embalmer No. 3855  
P. O. Address Corning Ark.

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.