

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 5 1943

Registration District No. L99

Primary Registration District No. B.029

Registrar's No.

1. PLACE OF DEATH:

(a) County REYNOLDS
 (b) City or town REYNOLDS
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Reynolds
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Ellington R. 2.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME LAURA ANN SISCO

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOW
 6. (b) Name of husband or wife DANIEL SISCO 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased MAY 20 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 26 hr. min.

9. Birthplace Road House Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

MOTHER FATHER {
 12. Name MYERS
 13. Birthplace UNKNOWN 9 (State or foreign country)
 14. Maiden name SARAH CARMAN
 15. Birthplace Road House Illinois (State or foreign country)
 16. (a) Informant Mrs OSCAR SISCO
 (b) Address ELLINGTON MISSOURI
 17. (a) BURIAL (b) Date thereof 3-18-43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation HILL CEMETERY
 18. (a) Signature of funeral director See attached
 (b) Address Clinton, Missouri
 19. (a) Mar 16 43 (b) Miss Mary Hallington
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16
 year 1943 hour 8:00 PM minute..... M.

21. I hereby certify that I attended the deceased from Jan 1
1935 to MARCH 16, 1943
 that I last saw her alive on March 16, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to CARCINOMIA
 Due to Cancer of left Breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... none

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.....

Signature J R Pyle (M. D. or other)
 Address Centerville mo Date signed 3.16.43

Duration

13
Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1156

RECEIVED

District Health Officer No. 3

District File Number

443188

Date Filed

7-2-43

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, or by.....

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

Signed.....

Licensed Embalmer No.....

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.