

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 13 1943  
Registration District No. 123

Primary Registration District No. 4200

Registrar's No. 7

39  
10

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

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Ash Grove, Greene, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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) (Specify whether

3. (a) PRINT FULL NAME John M. Sisk

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amanda Likins 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased 10 19 1956  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 5 26 ..hr. ....min.

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

10. Usual occupation Merchant Retired

11. Industry or business

12. Name John Sisk

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

14. Maiden name Mattie Sparks

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

16. (a) Informant Mrs Pauline Sisk

(b) Address Ash Grove, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. 4-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Ash Grove Cemetery

18. (a) Signature of funeral director Thos. L. Sisk

(b) Address Ash Grove, Missouri

19. (a) 4-15-43 (Date received local registrar) (b) J. O. Birch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene  
(c) City or town Ash Grove, Mo. (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..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14  
year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from June, 1940, to April 13, 1943; that I last saw him alive on April 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Valvular Heart Disease over 5 years

Due to .....

Other conditions General Senile Debility  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92d  
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) (c) Means of injury 0

23. Signature Dr. Charles H. Carr (M. D. or other) MD  
Address Ash Grove, Mo. Date signed 4/14/43

Duration

Sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Greene County Health Office,

County File Number 43-5-40

Date Filed 5/11/43

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 Maude O Morris  
Licensed Embalmer No. 2055  
P. O. Address Ark Brev Mo

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.