

RECEIVED SEP 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **4055**

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

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **Easton, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**At Home.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **At home.**  
**72 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **11**  
(c) City or town **Easton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
**NO**  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Lemuel Lisle**

3. (b) If veteran, name war  3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mrs. Minnie Lisle** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **December 11, 1870**  
(Month) (Day) (Year)

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <b>72</b> | <b>8</b> | <b>5</b> | hr. _____ min.       |

9. Birthplace **Easton Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

MOTHER FATHER

12. Name **James Lisle**  
13. Birthplace **Unknown Tennessee**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Emaline Shockley**  
15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Lisle**  
(b) Address **Easton, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 19, 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Moxley Cemetery**

18. (a) Signature of funeral director **Tha E. R. Siderfeld**  
(b) Address **602 South 10th Street**

19. (a) **8-18-43** (Date received local registrar) (b) **Woe Neigog** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **15**  
year **1943** hour \_\_\_\_\_ minute **9 P.M.**  
21. I hereby certify that I attended the deceased from **April**  
**1938**, 19 \_\_\_\_\_ to **Aug 15**, 19 **43**  
that I last saw him alive on **Aug 15**, 19 **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Stenosis**  
Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) **92 lb**

Major findings: Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_  
23. Signature **G. F. Kimball** (M. D. or D.D.S.)  
Address **Easton Mo.** Date signed **8/18/43**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1235

**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 Mollie E. Sidenfaden Fox  
Licensed Embalmer No. 4235  
P. O. Address St. Joseph, 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.**