

S. No. 2
M-1-4-41
V-5-17-39
P-1 X253

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34014

State File No. _____

FILED OCT 20 1943

Registration District No. _____

Primary Registration District No. 5011

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Fallmore Clay Rural
(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 18 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

(c) City or town Fallmore Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Clay Twp. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ben Sisk

3. (b) If veteran, name war no

3. (c) Social Security No. 90

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 43 hour 12:05 minute A M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Erma Sisk

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb - 11 - 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/27 1943 to 9/30 1943
that I last saw him alive on 9/29 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 7 Days 19
If less than one day _____ hr. _____ min.

Immediate cause of death Hypostatic Pneumonia Duration 1 month

Due to Chronic myocarditis 1935

Due to Permissive Anemia 1935

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Oregon Mo. D.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Berry Sisk

13. Birthplace Holt Co. Mo. D.
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Shaffer

15. Birthplace Holt Co. Mo. D.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____

Of operations ✓

Of autopsy ✓

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Erma Sisk

(b) Address Fallmore Mo.

17. (a) Fallmore (b) Date thereof Oct. 2 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fallmore Mo.

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? ✓

18. (a) Signature of funeral director J. Fred Teahome

(b) Address Saxmahan Mo.

While at work? ✓ (Specify type of place)

(c) Means of injury _____ ✓

19. (a) 10-2-43 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

23. Signature Ernest C. Bond (M.D. or other) D.D.

Address Fallmore, Mo. Date signed 9/30/43

1072 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

J. Fred Terhune, Registered Apprentice No.
working under my personal supervision.

Signed *J. Fred Terhune*.....

Licensed Embalmer No. *1279*.....

P. O. Address *Savannah*.....

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.