

FILED NOV 29 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 minutes
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 090
17

(c) City or town St. Louis 023
(If outside city or town limits, write "RURAL")

(d) Street No. 2340 Menard
(If rural, give location)

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

3. (a) PRINT FULL NAME DANNIE LEE SISSON

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8th 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 3 29 _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Bennie Sisson

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

14. Maiden name Maxine McNabb

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

16. (a) Informant Mrs. Bennie Sisson

(b) Address 2340 Menard

17. (a) REMOVAL (b) Date thereof 11/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas, Ark.

18. (c) Signature of funeral director a. w. m. daughter

(b) Address 2301 Lafayette Ave

19. (a) NOV 13 1943 (b) Registrar's signature J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1943 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Meningoocoeemia

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

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 Walter J. Perry (M. D. or other) _____
Address Putnam Date signed 11/18/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Pocahontas - Ark (Licensed Embalmer's Statement on Reverse Side)

62926

62926

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 L. P. Camp.....

Licensed Embalmer No. 3633.....

P. O. Address 2317 Lafayette.....

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.