

FILED FEB 14 1944
Registration District No. 19440

Primary Registration District No. 4197

State File No.

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North Alanthis Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 64-0-1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Noah Alfred Shisler
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Euna Bell Shisler
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased 1 8 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 1
If less than one day hr. min.

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

10. Usual occupation Retired lineman

11. Industry or business

12. Name Alfred Shisler
13. Birthplace Gentry Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Huggins
15. Birthplace Gentry Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Goldie Hungerford
(b) Address Stanberry Missouri

17. (a) Burial (b) Date thereof 1-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hall Cemetery

18. (a) Signature of funeral director E. Evans Johnson
(b) Address Stanberry Mo

19. (a) Jan 14 - 1944 (b) Am M. Nichols
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry
(c) City or town Stanberry
(If outside city or town limits, write "RURAL")
(d) Street No. North Alanthis Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from MARCH 15
1943 to Jan 6 1944
that I last saw him alive on Jan 6 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Imperfection
Duration 6 mos.

Due to Cancer of tongue
Due to

Other conditions (include pregnancy within 3 months of death)
Major findings: 45 f
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 R. J. Mulligan (M. D. or other) MD
Address Stanberry, Mo Date signed 1-10-44

1108 (Licensed Embalmer's Statement on Reverse Side)

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

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. 3492

P. O. Address Stanbury 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.