

FILED MAY 11 1944

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

Primary Registration District No. 4271

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Mound City  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Mound City  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME George H. Bissett.

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, widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased May 15 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 19 If less than one day \_\_\_\_\_  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter.

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ray of Mound City, Mo.

(b) Address urial

17. (a) (Burial, cremation, or removal) urial (b) Date thereof 4/7/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Cem.

18. (a) Signature of funeral director W. Campbell

(b) Address Mound City, Mo.

19. (a) 4-6-44 (b) Pauline Dawson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th, year 1944 hour 8 minute 10 PM.

21. I hereby certify that I attended the deceased from March 30, 1944 to April 4, 1944 that I last saw him alive on April 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Right Coronary Fibillation

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) gsa

PHYSICIAN  
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 Dr. Perry (M. D. or other) MD  
Address Mound City, Mo Date signed 4-6-44

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

MOTHER FATHER

1193

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**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.....  
*H. H. Crawford*

Licensed Embalmer No.....  
*1824*

P. O. Address.....  
*Manassas City, Md*

**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.**