No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15610

FILED MAY 13 1944

Registration District No. 299

Primary Registration District No. 6027

Registrar's No.

1. PLACE OF DEATH:

(a) County REYNOLDS

(b) City or town RURAL [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(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: REYNOLDS

(a) State MISSOURI (b) County ~~[illegible]~~

(c) City or town (RURAL) ELLINGTON R#2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ADA BELL SISCO

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife OSCAR AARON SISCO

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL (Month) 9 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	0	16	hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name WALLACE UZZEL
13. Birthplace LOUISVILLE (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY RINEHARDT
15. Birthplace LITTLE ROCK (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant MRS JOSIE PIOLA BAPPE

(b) Address R#4 WACO TEXAS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-28-44 (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director [signature]

(b) Address Ironton, Mo.

19. (a) May 3rd 1944 (Date received local registrar) (b) Mrs Fores Wellington (Registrar's signature)

1194

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25 year 1944 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Oct 25, 1943, to April 25, 1944; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cancer of Liver	6 Months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46f

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Pyrtle (M. D. or other)

Address Centerville Mo. Date signed April 28, 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 544285
Date Filed 5-10-44

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 4/25/44, Registered Apprentice No. working under my personal supervision.

Signed Geo. P. Lenckel

Licensed Embalmer No. 3475

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.