

FILED JUN 7 1944

4218

Registrar's No. 86

Registration District No. 151

Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: — 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: — (Specify whether)  
In this community 24 yrs. years, months or days

3. (a) PRINT FULL NAME Jda G. Sisson

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 B. W. Sisson 6. (c) Age of husband or wife if alive 91 years  
7. Birth date of deceased 3 (Month) 31 (Day) 1856 (Year)

8. AGE: Years 88 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dr. J. M. Edmiston  
13. Birthplace — (City, town, or county) 9 (State or foreign country)  
14. Maiden name Mary Ann Edmiston  
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant B. W. Sisson

(b) Address Windsor MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-44 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Oak Cemetery

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton MO

19. (a) May 15, 1944 (Date received local registrar) (b) Georgia Kitchen (Registrar's signature) 9 (Initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42  
(c) City or town Windsor (If outside city or town limits, write "RURAL") 2  
(d) Street No. 202 N. Main (If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If Yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1944 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 1 1944 to May 14 1944 that I last saw her alive on May 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration —

Due to —  
Due to —

Other conditions (Include pregnancy within 3 months of death) 92 P

Major findings: 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? —  
(Specify type of place) While at work? (e) Means of injury —

23. Signature W. Sisson (M. D. or other) MD  
Address Windsor MO Date signed 5/15/44

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

FATHER  
MOTHER

RECEIVED

District Health

District File Number

Date Filed

*2-8-44*  
*10-1-44*

*10-1-44*

*5-44-712*  
*6-6-44*

*88*

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

*notained* Registered Apprentice No.

working under my personal supervision.

Signed

*Grace L. Wilkerson*

Licensed Embalmer No.

*4360*

P. O. Address

*Clinton Mo*

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

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