No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30322

Registration District No. 39 Primary Registration District No. 5228 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Rural (Pleasant Hill) (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 years, months or days) In this community: 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cass 19
(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No.: Pleasant Hill 0 (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Charles A. Bissell
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: Widower
6. (b) Name of husband or wife: Mary Bissell
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: Nov. (Month) 12 (Day) 1860 (Year)
8. AGE: Years 84 Months 10 Days 12 If less than one day ..... hr. ..... min.
9. Birthplace: Prussia (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) a (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) a (State or foreign country)
16. (a) Informant: Mrs Alva Frost
(b) Address: Wingate Community
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director: J. Virgil Herrick
(b) Address: Pleasant Hill Mo
19. (a) 9-28-45 (Date received local registrar) (b) Ramona Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24 year 1945 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from June 15, 1945 to Sept. 24, 1945 that I last saw him alive on Sept 15, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Arterial sclerosis	10 yr
Due to: age	
Other conditions (Include pregnancy within 3 months of death)	
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 in ..... (e) Means of injury
23. Signature: E. A. Albers (M. D. or other) M.D.
Address: Pleasant Hill Date signed 9-25-45

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(Licensed Embalmer's Statement on Reverse Side)

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 J Virgil Herrick

Licensed Embalmer No. 3599

P. O. Address Pleasant Hill 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.