

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

8436

State File No. _____

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 9

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

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barry County Clinic 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:
 (a) State Missouri (b) County Barry 5
 (c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Allen Sisco
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month February day 5th
 year 1946 hour 8 minute A. M.

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 30 1945
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 4th, 1946, to February 5th, 1946;
 that I last saw him alive on Feb 5th, 1946;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

Immediate cause of death _____
Emphysema
 Due to _____
unknown
 Due to _____

Duration
3 days

9. Birthplace Cassville, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____
 12. Name Ray Sisco
 13. Birthplace Usage, Arkansas 1
(City, town, or county) (State or foreign country)
 14. Maiden name Pauline Weddington
 15. Birthplace Golden, Missouri 0
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy job
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ray Sisco
 (b) Address Cassville, Missouri
 17. (a) Burial (b) Date thereof 2-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Church Cemetery

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 0

18. (a) Signature of funeral director Culver Funeral Home
 (b) Address Cassville, Mo
 19. (a) Feb 23-1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

23. Signature Beauty owner (M. D. or other) _____
 Address Cassville, Mo Date signed 2-9-46

RECEIVED

District Health Officer No. 8.

District File Number

346-391

Date Filed

MAR 25 1946

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 *Margaret Culver*

Licensed Embalmer No. *4389*

P. O. Address *Cassville*

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.