

FILED JAN 7 1947
Registration District No. **275**

Primary Registration District No. **5939**

Registrar's No. **156**

1. PLACE OF DEATH:

(a) County **Thayer**
(b) City or town **Rural West Cold Spring**
(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 **1 yr**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Thayer**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cold Spring Twp**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **James Cisco**

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 **Jane Cisco** 6. (c) Age of husband or wife **4** years
7. Birth date of deceased **mar 1863**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **22** If less than one day hr. min.

9. Birthplace **Marion Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER
12. Name **Do not know** 9
13. Birthplace **Do not know** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Do not know** 9
15. Birthplace **Do not know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **George Cisco**
(b) Address **Newburg Mo**

17. (a) **Burial** (b) Date thereof **Dec 28 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mr. Geo Semling**

18. (a) Signature of funeral director **Lee Johnson**

(b) Address **Newburg Mo**

19. (a) **12-30-46** (b) **J. Madril D. Hill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26** day **Dec**
year **1946** hour **9:30 AM** minute..... M.

21. I hereby certify that I attended the deceased from **Dec 15** to **Dec 26** 19**46**
and that I last saw him alive on **Dec 20** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fobar Pneumonia**

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **108**

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 **R. Brewer** (M. D. or other)

Address **Newburg Mo** Date signed **12/27/46**

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

40422

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..... *Lee Johnson*

Licensed Embalmer No. *3392*

P. O. Address. *Newburg 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.