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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

Registration District No. 369

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43716

Primary Registration District No. 4539

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Williamsville
(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 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111

(c) City or town Williamsville 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Marandy Alpha 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 widowed 2

6. (b) Name of husband or wife Ed Sisco

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

7. Birth date of deceased November (Month) II (Day) 1875 (Year)

8. AGE: Years 70 Months 10 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Tenn. / (State or foreign country)

10. Usual occupation House work

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Roy Brown /

(b) Address Ellsinore, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Alexander Cem. near Williamsville Mo.

18. (a) Signature of funeral director N. W. Gish

(b) Address Piedmont, Mo.

19. (a) Jan 20 1947 (Date received local registrar) (b) Susie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1946 hour 1:25 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1946 to Oct. 8, 1946
that I last saw him alive on Oct 1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of liver	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

124B

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 C. S. Jones M.D. (M. D. or other) 10

Address Piedmont Mo. Date signed 12-12-46

340 (Licensed Embalmer's Statement on Reverse Side)

FEB 18 1947

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. 3387, working under my personal supervision.

Signed Norman W. Fish

Licensed Embalmer No. 3387

P. O. Address Fudmont

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.