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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3624

State File No. ....

Registrar's No. 5

FILED JAN 31 1947  
Registration District No. 219

Primary Registration District No. 4468

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

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE

(b) City or town ST. MARY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE (Specify whether)

In this community 41 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. GENEVIEVE <sup>95</sup>

(c) City or town ST. MARY <sup>0</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) <sup>3</sup>

(e) Citizen of foreign country? NO (Yes or No) <sup>3</sup>

If yes, name country .....

3. (a) PRINT FULL NAME MARY Cissell

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22  
year 1947 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from .....

....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Henry E. Cissell

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 26, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>3</u>	<u>27</u>	..... hr. .... min.

Immediate cause of death.....

RUPTURED LIVER

STRUCK BY AUTOMOBILE ON HIGHWAY

Due to # 25 JAN 22 1947

ACCIDENTAL DEATH

Due to (VERDICT OF JURY)

Other conditions..... (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

9. Birthplace St. Mary's Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

12. Name Richard Cole

13. Birthplace St. Mary's Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Farmer

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Cissell

(b) Address St. Mary's Mo.

17. (a) Burial (b) Date thereof 1-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MARY'S MO

18. (a) Signature of funeral director Leo C. Bisher

(b) Address St. Genevieve Mo

19. (a) Jan 27 47 (b) Diana M. Karl  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations..... MDC

Of autopsy..... AN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT <sup>95</sup>

(b) Date of occurrence JAN 22 1947

(c) Where did injury occur? ST MARY'S ST. GENEVIEVE MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
PUBLIC PLACE (Specify type of place)

While at work? NO (c) Means of injury ACCIDENT <sup>3</sup>

23. Signature Leo C. Bisher (M. D. or other) Coroner

Address St. Genevieve Mo Date signed 1-23-47

350 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Officer No. 4

147-165

1-30-47

FEB 5 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.....  
working under my personal supervision.

Signed Geo. C. Basler

Licensed Embalmer No. 1985

P. O. Address. St. - [unclear] 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.