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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1947
128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27421

State File No. _____
Registrar's No. 658B

Registration District No. _____

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2138 N. Howard Ave., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME Vadie Guy Sisk
(b) If veteran, name war None
(c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased August 25, 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 29
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Signal Superintendent

11. Industry or business Frisco R. R. Employee

12. Name Marion Sisk

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Parzetta Evans

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

16. (a) Informant Ethel Sisk
(b) Address 2138 N. Howard Spg., Mo.

17. (a) Burial (b) Date thereof 7-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutland Mo., Cem.

18. (a) Signature of funeral director W. Klingner & Co.
(b) Address Springfield Mo.

19. (a) 7-26-47 (b) N.S. Handley MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2138 N. Howard Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1947 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from Apr. 1946 to 7-24-47, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leukemia 4 yr.
Duration _____

Due to _____
Due to _____
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? _____

While at work _____ (Specify type of place) (c) Means of injury 6
23. Signature [Signature] (M. D. or other) _____
Address Springfield Mo. Date signed 7-25-47

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

Remission

AUG 20 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

Ogle Stone Jr.

Licensed Embalmer No. *4176*

P. O. Addr. *Springfield*

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.