No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34938

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution 12 days (Specify whether

In this community 12 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

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

(d) Street No. Route 3 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Cissell

3. (b) If veteran, name war no

3. (c) Social Security No. None known

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carrie Cissell

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. (Month) 18 (Day) 1883 (Year)

8. AGE: Years 64 Months 7 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Lawrence V. Cissell
13. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary T. Tucker
15. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct-10-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Mo.

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo

19. (a) 10-31-47 (Date received local registrar) (b) C R Philbrick (Registrar's signature) 159

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th year 1947 hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from Sept. 27, 1947 to Oct. 9, 1947 that I last saw him alive on Oct. 9, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral far advanced pulmonary tuberculosis	Abt. 10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 13 B
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature R W Dickman (M. D. or other)

Address Roy W. Dickman, M.D. Mount Vernon, Mo Date signed 10-9-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1147-1151
Date Filed NOV 3 1947

NOV 6 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 By me, Registered Apprentice No. working under my personal supervision.

Signed Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.