No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1948

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11511

Primary Registration District No. 3006

Registrar's No. 122

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2232 Howard 6
(If rural, give location)
(e) Citizen of foreign country? no (~~Yes or No~~) 1
If yes, name country —

3. (a) PRINT FULL NAME PEARL AMERLINE SISK
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~~
6. (b) Name of husband or wife M. Robert Sisk
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased August (Month) 26 (Day) 1914 (Year)

8. AGE: Years 33 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Dallas Texas (City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business —
MOTHER FATHER
12. Name — Suffridge 9
13. Birthplace — — 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace — — 9 (City, town, or county) (State or foreign country)
16. (a) Informant M. Robert Sisk
(b) Address 2232 Howard Springfield Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jul 26 48 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Mo
18. (a) Signature of funeral director Parker Funeral Service
(b) Address 18N10 Columbia Mo
19. (a) 4-26-48 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from April 7, 1948, to April 25, 1948; that I last saw her alive on 4/25/48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	3 weeks
Due to: Irradiation Effect	4 MO
Due to: Adenocarcinoma cervix	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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 A McAfee (M. D. or other)
Address State Cancer Hosp Date signed 4/25/48

(Licensed Embalmer's Statement on Reverse Side) Columbia Mo.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 6 1948

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 Von D. O'Hara

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.