

Registration District No. **20**

Primary Registration District No. **4197**

38  
30  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Quincy

(b) City or town Stinking  
(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 14 yrs. (Specify whether years, months or days)

In this community 14 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Quincy

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

(d) Street No. 803 N. Blount Ave.  
(If rural, give location)

(e) Citizen of foreign country? MD (Yes or No)  
If yes, name country MD

3: (a) PRINT FULL NAME Mr. Edward Wiley Shisler

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-30-5849

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Mrs. Alpha E. Shisler

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

7. Birth date of deceased Jan. 8 - 1886  
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 8  
If less than one day hr. min.

9. Birthplace Quincy, MS (City, town, or county) MD (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER

12. Name Mr. Thomas Jefferson Shisler

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

14. Maiden name Vassie Christie (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Robbie Shisler

(b) Address Stinking MD

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-18-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Stinking MS

18. (a) Signature of funeral director Latoy H. Phillips

(b) Address Stinking MD

19. (a) Dec 21-1948 (Date received local registrar)

(b) J. J. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from June 1947 to Dec 16 1948  
that I last saw him alive on Dec 16 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g40

Of autopsy g40

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) (e) Means of injury 2

23. Signature [Signature] (M. D. or other)

Address Blountsville MS Date signed 12-17-48

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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 Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonington Md

**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.**