REC'D SEP 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30386
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard 2 Registration District No. 838
(b) Township Liberty 1 Primary Registration District No. 4509 Registered No. 1
(c) City Dexter (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 2446 Russell Alonzo Sisler
(a) Residence, No. Dexter Mo. St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgia A. Sisler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	6	X	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ins. Agent
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ann Arbor, Mich. 1

FATHER
13. NAME: Dr. James A. Sisler 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York 1

MOTHER
15. MAIDEN NAME: Elizabeth Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. R. A. Sisler, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter Cemetery DATE 6-12-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Blankenship-Strickland Dexter, Mo.

20. FILED 9/5 1939 Jennie Burton Local Registrar. 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1939, to June - 10 - 1939
I last saw him alive on June 10, 1939. Death is said to have occurred on the date stated above, at 7:30 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset

93 C

Other contributory causes of importance:

Senility

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank Lakin, M. D.
755 (Address) Dexter Mo.

Licensed Embalmer's Statement on Reverse Side)

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 2,
District File Number 939-199
Date Filed 9-11

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, J. E. Strickland, ~~or by~~ ~~Registered Apprentice~~, working under my personal supervision.

Signed J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

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

If this body is not embalmed, above space should be left blank.