

FILED SEP 29 1941

Registration District No. 660

Primary Registration District No. 4396

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville, Mo.

(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 \_\_\_\_\_ (Specify whether)

In this community 66-9-0 years, months or days

3. (a) PRINT FULL NAME Emmett J. Cissell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married Married

7. Birth date of deceased Sept. 8 1874 (Month) (Day) (Year)

6. (b) Name of husband or wife Letha Cissell 6. (c) Age of husband or wife if alive 58 years

8. AGE: Years 66 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation News Stand Operator

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Louis Cissell

13. Birthplace Perry Co. Missouri (City, town, or county) (State or foreign country)

14. Maiden name Laura Bishop

15. Birthplace Perry Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Letha Cissell

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof June 10 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young's Sons

(b) Address Perryville Mo.

19. (a) June 10 41 (b) Joseph Zeltner (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 20, 1941, to June 8, 1941; that I last saw him alive on June 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis 2 yrs.

Due to Coronary Sclerosis 2 yrs.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/4/41

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature DeCaro A. Carron (M. D. or other)

Address Perryville Mo. Date signed 6-8-41

Duration Sudden

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

.....  
Licensed Embalmer No. 2138

P. O. Address Berryville, 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.