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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8063

State File No.

Registration District No. 852 Primary Registration District No. 4518 Registrar's No.

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Milan, Tenn.
(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 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan
(c) City or town Milan 105
(If outside city or town limits, write "RURAL")
(d) Street No. — 1
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Fremont Shisler
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allie Maude Shisler
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 14, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	3	5	hr. min.

9. Birthplace Viroqua, Wisconsin
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer retired
11. Industry or business
FATHER
12. Name 9
13. Birthplace
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mahala Lowry
15. Birthplace Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Allie Maude Shisler
(b) Address Milan, Mo.
17. (a) Burial (b) Date thereof Febr. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cox Cem. Adair Co.
18. (a) Signature of funeral director Schoene
(b) Address Milan, Mo. F.D. Schoene
19. (a) Mar. 2, 1942 (b) Mrs L. D. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 19
year 1942 hour 6 minute 10 a. M.
21. I hereby certify that I attended the deceased from May, 1940, to Feb 19, 1942
that I last saw him alive on Feb 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension Cronic of Inner arteries

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 83a

Duration

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 Quinn K. Becker (M. D. or other) DO
Address Date signed 2/19/42

1190

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-42-311
Date Filed MAR 10 1942

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 Frank D. Schoen

Licensed Embalmer No. 2016

P. O. Address Milan, Mo

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

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