

FILED SEP 9 1942

Registration District No. 1442 Primary Registration District No. 5063 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Barton, Brownough Barton City Mo.
(c) Name of hospital or institution: At home!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Barton
(c) City or town Brownough, Mo. R# 2
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Maude Frances Sissick
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. 13 day 13th
year 1942 hour 12:40 minute 12:48 M.
21. I hereby certify that I attended the deceased from Aug. 13th 1942 to Aug. 18 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph J. Sissick 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 29 1881
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion
Due to Mitral Regurgitation
Chronic Nephritis
Other conditions Senility
(Include pregnancy within 3 months of death)

Duration
6 Mo.
2 hours

8. AGE: Years Months Days If less than one day
60 7 15 hr. min.

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

10. Usual occupation Homekeeper

11. Industry or business ✓

MOTHER FATHER
12. Name George H. Gillespie
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Jane Perrel
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Sissick
(b) Address At #2 Brownough Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13/1942
(Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Allen O. Kays
(b) Address Nevada Mo.

19. (a) Aug. 13/1942 (Date received local registrar) (b) Blanche Siskitt (Registrar's signature)

Major findings: None
Of operations None
Of autopsy None

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place) (e) Means of injury None
While at work? No
23. Signature F. P. Spill (M. D. or other) Address Liberal Mo. Date signed 8/13/42

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

606

RECEIVED

District Health Officer No. 6,

District File Number 942-1288

Date Filed SEP 2 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 Allen T. Bays

Licensed Embalmer No. 1968

P. O. Address Nevada M.

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26621
Registrar's No. 14

Registration District No. 14

Primary Registration District No. 0063

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural
(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 20 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Maudie F. Sissich

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 29 1894
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 15 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof Aug. 17-42
(Month) (Day) (Year)

(c) Place: burial or cremation Welborn Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ live on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

