No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8673

State File No.

FILED MAR 28 1947

Registration District No. 428

Primary Registration District No. 2000

Registrar's No. 154-A

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Hrs (Specify whether
In this community 12 Hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Douglas 34
(c) City or town AVA
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME McKINLEY SISCO
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA SISCO
6. (c) Age of ~~husband or~~ wife if alive 36 years
7. Birth date of deceased April (Month) 8 (Day) 1900 (Year)

8. AGE: Years 46 Months 10 Days 12 If less than one day hr. min.

9. Birthplace Mountain Grove (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Office work
11. Industry or business Court House (Ava Mo.
FATHER
12. Name J. W. Sisco
13. Birthplace Mt. Grove (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Ann Haughn
15. Birthplace Osage County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Anna Sisco
(b) Address Ava Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Strunk
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 2-21-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1947 hour 2:30 A.M. minute M.
21. I hereby certify that I attended the deceased from Feb 19, 1947, to Feb 20, 1947; that I last saw him alive on Feb 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Heart disease (Chronic Cor Pulmonale)	6 mo
Due to Old tuberculosis of spine.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 16
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. P. Maddux (M. D. or other)
Address Springfield, Mo Date signed 2/20/47

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 1949

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 W B Hutchinson

Licensed Embalmer No. 8531

P. O. Address Cuba 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.