

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 95

Registration District No. 137
Primary Registration District No. 4218

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Windson
 (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 1 (Specify whether _____)
 In this community 40 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Windson (If outside city or town limits, write "RURAL")
 (d) Street No. 202 N. Main (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN W. SISSON
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1
 year 44 hour 6 minute 50 PM
 21. I hereby certify that I attended the deceased from May 1
 _____, 1944 to May 30, 1944
 that I last saw him alive on May 30 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife Jan.
 (c) Age of husband or wife if deceased 29 - 1873
 7. Birth date of deceased: 16 - 29 - 1873
 (Month) (Day) (Year)

Immediate cause of death _____
 Due to _____
 Due to _____

8. AGE: Years 91 Months 4 Days 2
 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: 8301
 Of operations _____
 Of autopsy _____

9. Birthplace West Virginia (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name James C Sisson
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Hester Aitch
 15. Birthplace _____ (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Danner
 (b) Address Padoburg Kans
 17. (a) Burial (b) Date thereof 6-3-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lamel Oak
 18. (a) Signature of funeral director Fred Wilkerson
 (b) Address Clinton Mo
 19. (a) June 3, 1944 (b) Georgia Ritcher
 (Date received local registrar) (Registrar's signature)

23. Signature M. D. O'Connell (M. D. or other)
 Address Windson Date signed 6-5-44

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

049

RECEIVED
District Health Officer No. 7,
District File Number 6-44-812
Date Filed 7-11-44

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 Wilkinson

Licensed Embalmer No. 7478

P. O. Address Clinton, 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.