

FILED OCT 13 1943

State File No. _____

Registration District No. 296

Primary Registration District No. 4444

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Candeur
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ray

(c) City or town Candeur
(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 _____

3. (a) PRINT FULL NAME Shirley Sue Sisson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10-1943
year 9 hour 30 minute P M.

4. Sex Female 5. Color or race white

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

7. Birth date of deceased: 9 10 43
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw her alive on 9-10-43, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. - _____ min.

Immediate cause of death: Premature birth ruptured in membranes

9. Birthplace: Candeur mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation none

11. Industry or business _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name O. E. Sisson

{ 13. Birthplace Clarksville Texas
(City, town, or county) (State or foreign country)

{ 14. Maiden name May Parker

{ 15. Birthplace Orgone mo
(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? _____

16. (a) Informant O. E. Sisson

(b) Address Candeur mo

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

17. (a) Burial (b) Date thereof 9-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Candeur, Concord

23. Signature E. P. Say (M. D. or other) MD
Address Richmond mo Date signed 9-10-43

18. (a) Signature of funeral director C. V. Gibson

(b) Address Bruch mo

19. (a) 10/10/43 (b) W. J. Schuman
(Date received local registrar) (Registrar's signature)

1228

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

79
00

RECEIVED
District Health Officer No. 8,
District No. _____
Date Filed 10-11-43

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 C.V. Gibson
Licensed Embalmer No. 2299
P. O. Address Oriskany

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.