REC'D SEP 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29397
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 502
(b) Township — Primary Registration District No. 4305 — Registered No. 30
(c) City Marceline (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Obed Ulysses Chrisman 625
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Lilford Chrisman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23 1865
7. AGE: Years 72 | Months 8 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Flagman
9. Industry or business in which work was done, as saw mill, bank, etc. on Santa Fe
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio

FATHER
13. NAME Isaac Chrisman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs Obed Chrisman Marceline Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Aug 3 1938
19. FUNERAL DIRECTOR (NAME) Jas McLaughlin (ADDRESS) Marceline Mo
20. FILED 8/3 1938 Oliva L Barrett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1938
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Aug 1, 1938
I last saw him alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 12 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 31, 38
Other contributory causes of importance: Essential Hypertension	1920

Name of operation None Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G. B. Putman, M. D.
(Address) Marceline Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, James McLaughlin, or by Dale Bunch

Registered Apprentice No. 149, working under my personal supervision.

Signed James McLaughlin

Licensed Embalmer No. 1274

P. O. Address Marceline M

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

If this body is not embalmed, above space should be left blank.