

REC'D FEB 23 1939

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

2144

Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township 1 Primary Registration District No. 4164 Registered No. 10
(c) City Salem (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Alexander Crisp

(a) Residence, No. Salem, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Manning
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1865
7. AGE YEARS 73 MONTHS 7 DAYS 24 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
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) Ky

FATHER 13. NAME Unknown XXX
14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown XXX

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown XXX

17. INFORMANT Earnest Hoffer (ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove Cem DATE 1/30/39

19. FUNERAL DIRECTOR (NAME) Carl K Spencer (ADDRESS) Salem Mo

20. FILED Jan 30 1939 F. E. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 28, 1939.
I last saw him alive on Jan 25, 1939. Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage,
Injury from tree,
Falling on him,
Date of onset _____

Other contributory causes of importance: Rheumatism 1937

Name of operation Date of _____
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury Jan 18 1939
Where did injury occur? at his home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall falling on tree
Nature of injury to head

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

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES
DIVISION OF EMBALMERS

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,

Wm. W. McDonald

or by

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

Signed

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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, above space should be left blank.