No. 2
11-10-39
-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1940

Registration District No. 7004

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5049

State File No. 1594 2

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural, Richland Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 12 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural, Richland Twp
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Russell Anthon Crisler

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 6th, 1917 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
23	0	27	hr. min.

9. Birthplace St. Francis, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Owen. T. Crisler
13. Birthplace Clark CO. Kansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rhoda Stevens
15. Birthplace Sherman CO Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Owen Crisler
(b) Address Lamar, MO. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO.

19. (a) Feb 4 (Date received local registrar) (b) Fauna Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 23, 1940, to Feb. 3, 1940; that I last saw him alive on Feb 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Decompensation	10 Days
Due to Deformed chest. (Since child)	
Due to	
Other conditions Head Cold & Sore Throat (Include pregnancy within 3 months of death)	Jan. 14th

Major findings:
Of operations
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 Vern T. Bickel M.D. (M. D. or other)
Address Lamar, Missouri Date signed 2-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 R. C. Palmer

Licensed Embalmer No. 3141

P. O. Address Lamar Bro

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.

0-4-6