

FILED FEB 7 1940

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

3247
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon 2 Registration District No. 632
(b) Township Phayre 0 Primary Registration District No. 4382
(c) City Phayre (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 63 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nanmie Risner

(a) Residence, No. Phayre 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 Fe 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 Henry Risner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Illinois 1

FATHER 13. NAME Arden J. Casey - 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Fannie Burnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Arden Risner
(ADDRESS) Phayre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Any Cemetery DATE 1-29-40 19

19. FUNERAL DIRECTOR (NAME) Lee Carr
(ADDRESS) Phayre Mo.

20. FILED 1-28-1940 George Johnson 563 (Address) Phayre Mo.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1940, to 1-27, 1940

I last saw h alive on 1-27, 1940 Death is said to have occurred on the date stated above, at 7:23 m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 1-27-40

Other contributory causes of importance: 43C

Chronic Degeneration

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 _____, 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? _____

If so, specify _____

(Signed) OW Casey, M. D.

(Address) Phayre Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.