

FILED MAY 13 1940

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

14476

Do not use this space.

1. PLACE OF DEATH

(a) County Galloway Registration District No. 104
 (b) Township 3 Primary Registration District No. 3008 Registered No. 98
 (c) City Jullon (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 Edna Criswell

(a) Residence, No. State Hospital no 1 St. Mexico Mo
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S. W. Criswell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13, 1881</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Andrew County Mo</u>		
FATHER	13. NAME <u>Franklin Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Andrew County Mo</u>	
MOTHER	15. MAIDEN NAME <u>Elyza Cooper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jayaa</u>	
17. INFORMANT (ADDRESS) <u>S. W. Criswell</u> <u>Mexico Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico</u> DATE <u>4/5 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Clara Arnold</u> <u>Mexico Mo</u>		
20. FILED <u>Apr. 5, 1940</u> <u>R. T. Crews</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940 to April 4, 1940
 I last saw him alive on April 4, 1940. Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertension & arterial sclerosis

Other contributory causes of importance:
Hypertension & arterial sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clin. Hist. 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) James Thomas M. D.
 (Address) State Hospital no 1

Jullon Mo

WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Chas. Arnold

Licensed Embalmer No. *3569*

P. O. Address *Waukegan, Ill.*

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.