

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17394**
Registrar's No. **2056**

Registration District No. 395 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 3 days
In this community 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 420 Marsh Avenue
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME George Chrisman
(b) If veteran, name war No
(c) Social Security No. 487-10-4854

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Ethel Cook Chrisman
(c) Age of husband or wife if alive Ab. 57 years
7. Birth date of deceased November 1, 1881

8. AGE: Years 59 Months 6 Days 23
If less than one day hr. min.

9. Birthplace Wooldridge, Mo.

10. Usual occupation Mill wright

11. Industry or business Penrod-Jordan & Clark

12. Name Isaac Chrisman
13. Birthplace Kentucky
14. Maiden name Eliza Moser
15. Birthplace Ky.

16. (a) Informant Clintol L. Chrisman
(b) Address 8707 Morrell

17. (a) Burial (b) Date thereof May 26, 1941
(c) Place: burial or cremation Maple Hill Cem., K. C. K.

18. (a) Signature of funeral director John P. Sheil

19. (a) May 26 1941 (b) M. Th. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24th
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5-21-41
that I last saw him alive on May 24th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver with ascites
Due to 124B
Due to 124A
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. R. Thoms (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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, fact should be so stated above.