

Registration District No. 408 Primary Registration District No. 3020

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1230 1/2 James Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Sarcoxie
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Chrisman

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex f 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife W. B. Chrisman 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased June 30, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name W.W. Gasperson
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Martha A. Inman
15. Birthplace Alabama (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Love

(b) Address Carthage, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/41 (Month) (Day) (Year)

(c) Place: burial or cremation Red Oak Cemetery

18. (a) Signature of funeral director Roland C. Engelage

(b) Address Sarcoxie, Missouri

19. (a) Dec. 13, 1941 (Date received local registrar) (b) E. J. McEntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 12 year 1941 hour 8:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Nov 29 1941 to Dec 12 1941; that I last saw her alive on Dec 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli Duration 12 1/2 / 41

Due to General arteriosclerosis
of senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature George H. Wood (M. D. or other) Address Carthage Mo Date signed 12/13/41

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.....

Geo. B. Orr

Licensed Embalmer No.....

946

P. O. Address:.....

Mr. Vernon 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, fact should be so stated above.