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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 11 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6131

Registrar's No. 1

1. PLACE OF DEATH

(a) County. Gasconade

(b) City or town. Blair - Mo. - Iowa  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community. 1 year  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Meriess 63

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

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

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

3. (a) PRINT FULL NAME. Moses Crissmon

3. (b) If veteran, name war. V

3. (c) Social Security No. V

4. Sex. Male (M)

5. Color or race. White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Grace Crissmon

6. (c) Age of husband or wife if alive. 56 years

7. Birth date of deceased. AUGUST 7 1864  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 1 day. 28  
year. 1942 hour. 9 minute. P. M.

21. I hereby certify that I attended the deceased from 1-6-42 to 1-28-42  
1942 to 1-28 1942  
that I last saw him alive on 1-27 1942  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>21</u>	hr. _____ min. _____

Immediate cause of death

Cerebral Apoplexy

Due to. Hypertension

Due to. \_\_\_\_\_

Other conditions. (Include pregnancy within 3 months of death) 830

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

10. Usual occupation. Farmer

11. Industry or business. \_\_\_\_\_

12. Name. Rufus Crissmon

13. Birthplace. Meriess Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name. Emma Gibson

15. Birthplace. Missouri  
(City, town, or county) (State or foreign country)

Major findings: 830

Of operations. \_\_\_\_\_

Of autopsy. \_\_\_\_\_

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

16. (a) Informant. Frank J. Farrell

(b) Address. Blair - Mo.

17. (a) Rural (b) Date thereon. Jan 30 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Yberia - Mo.

18. (a) Signature of funeral director. James W. Farrell Sec  
(b) Address. Blair - Mo.

19. (a) Feb 9 1942 (b) Alice Kach  
(Date received local registrar) (Registrar's signature)

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. Chas. Bunge (M. D. or other) MO

Address. Blair Date signed 1-29-42

849 (Licensed Embalmer's Statement on Reverse Side)

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

37  
9

FEB 11 1942

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 *Chester J. Jassman*

Licensed Embalmer No. 4178

P. O. Address *Bledsoe 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.