

FILED FEB 16 1942

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
601 WEST CLEVELAND 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 40 YEARS
years, months or days

3. (a) PRINT FULL NAME GEO CRISLER

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

3. (c) Social Security No. X X X

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased SEPT. 20 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>4</u>	<u>3</u>	hr. _____ min.

9. Birthplace CHESTER ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business REAL ESTATE

12. Name JOHN M. CRISLER

13. Birthplace CHESTER ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA DEAN

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

16. (a) Informant MRS. NELLIE MORGAN

(b) Address CHARLESTON MO.

17. (a) BURIAL (b) Date thereof 1-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHESTER ILLINOIS

18. (a) Signature of funeral director J. J. ...

(b) Address CHARLESTON, MO.

19. (a) 1-27-42 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI

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

(d) Street No. 601 W. CLEVELAND ST.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23rd
year 1942 hour 6 minute 45 p.m.

21. I hereby certify that I attended the deceased from Oct 1
1941 to Jan 23 1942
that I last saw him alive on Jan 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Duration 10 da.

Due to _____

Due to _____

Other conditions 928
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature Paul Baur M.D. (M. D. or other)

Address Charleston Mo. Date signed _____

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

RECEIVED

District Health Office No. 2,

District File Number 2-42-181

Date Filed 2-10-42

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 John P. Kemmel Jr
Licensed Embalmer No. 3851
P. O. Address Charleston 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.