DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30754

Registration District No. 184 — Primary Registration District No. 3039 — Registrar's No. 29

1. PLACE OF DEATH:

5 (a) County Linn

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

1 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 5

(c) City or town Marceline 1
(If outside city or town limits, write "RURAL")

(d) Street No. 306 E. Lake St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Doris Fern Chrisman

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

4. Sex Female | 5. Color or race 1 while | 6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov (Month) - 7 (Day) - 1927 (Year)

8. AGE: Years 14 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Charilon Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Oscar Earl Chrisman
13. Birthplace Macon Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Beulah May Still
15. Birthplace Linn Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant's own signature Oscar Chrisman
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cem

18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline Mo

19. (a) 9-16-1942 (Date received local registrar) (b) W H Coman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1942 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull

Due to Auto accident Car crashed in to

Due to a tree on a curve

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

Major findings:
Of operations 170 C-8

Of autopsy ____

Duration

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) Accident 05

(b) Date of occurrence Sept 13-1942

(c) Where did injury occur? Marceline (City or town) Linn (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? North Kansas ave - Marceline Mo
(Specify type of place)

While at work? no (e) Means of injury ____

23. Signature Dale Bunch Coroner ~~(Mr Everother)~~

Address Marceline Mo Date signed 9/14/42

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19311

SEP 30 [illegible]

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline

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.