V. S. No. 2
0M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3756

Registration District No. 360 | Primary Registration District No. 6225 | Registrar's No. 140

108

1. PLACE OF DEATH:

(a) County: Vernon

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

(c) Name of hospital or institution: State Hosp No 3 (If not in hospital or institution, write street number or location)

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

In this community: 2 years 8 mo 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 900 East 11th St. (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

~~If yes~~ name country: U.S.A.

3. (a) PRINT FULL NAME: ORA-CHRISMAN

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Wm C Chrisman

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

7. Birth date of deceased: January (Month) 26 (Day) 1872 (Year)

8. AGE: Years 70 | Months 10 | Days 28 | If less than one day — hr. — min.

9. Birthplace: Jackson County (City, town, or county) (State or foreign country)

10. Usual occupation: formerly Housewife

11. Industry or business: none

MOTHER FATHER

12. Name: John Harpole

13. Birthplace: unknown (City, town, or county) Penna (State or foreign country)

14. Maiden name: Alice Applegate

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

16. (a) Informant: Records State Hosp No 3

(b) Address: Nevada Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 26 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: Allen V Barger

(b) Address: Nevada Missouri

19. (a) Dec. 26, 1942 (Date received local registrar) (b) Elizabeth Beckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1942 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 26, 1942, to Dec 24, 1942, that I last saw her alive on Dec 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris — Duration

Due to: Coronary Sclerosis

Due to: GH

Other conditions (Include pregnancy within 3 months of death): Generalized Arteriosclerosis

Senile Dementia

Major findings:

Of operations: none

Of autopsy: no autopsy

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

22. If death was due to external causes, fill in the following: No!

(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: Paul L. Barone (M. D. ~~or other~~)

Address: State Hosp No 3 Date signed Dec 24 1942

(Licensed Embalmer's Statement on Reverse Side) Nevada Mo

RECEIVED
District Health Officer No. 7
District File Number 12-42-1507
Date Filed 1-12-43

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 H. H. Warmaduke

Licensed Embalmer No. 2070

P. O. Address Nevada, 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.