

File NOV 10 1943
Registration District No. 77

Primary Registration District No. 5165

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural Guthrie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mile north of Guthrie, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street 1 mile north of Guthrie, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Maranda Stella Criswell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F. H. Criswell 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 11 20 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Washington Wren
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Gillispy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Lariswell
(b) Address Guthrie, Missouri

17. (a) Burial (b) Date thereof 10/30/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guthrie cemetery

18. (a) Signature of funeral director Roy A. Holt

(b) Address New Bloomfield, Missouri

19. (a) 10-30-1943 (b) Joan M. Mountjoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 28
year 1943 hour 7 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 1 1943 to Oct 28 1943
that I last saw h. e. alive on Oct-28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration _____

Due to _____

Due to 46 h

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

Major findings: Of operations _____

Of autopsy _____

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 E. M. Rusk (M. D. or other) _____
Address New Bloomfield Date signed Oct 28 1943

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.....

Not embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed Ray A. Holt.....

Licensed Embalmer No. 2605.....

P. O. Address New Bloomfield, Missouri

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.