

S. No. 2
1-9-4-41
5-17-39
X29464

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4693**

FILED FEB 11 1944
Registration District No. **379**

Primary Registration District No. **4513**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Sullivan

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Sullivan ¹⁰⁵

(c) City or town Green Castle ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD CHRISMAN

(b) If veteran, name war no

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 7
year 1944, hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W

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

(b) Name of husband or wife Betty Ann

(c) Age of husband or wife if alive 62 years

7. Birth date of deceased: 1 18 1875
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar PNEUMONIA

Complicated By
BRONCHIAL ASTHMA

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 68 Months 11 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edward Chrisman

13. Birthplace Grundy Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

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? _____

White at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Green City, Mo. Date signed 1-8-44

16. (a) Informant Doris Walker

(b) Address Green City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem

18. (a) Signature of funeral director [Signature]

(b) Address Green City

19. (a) Jan 28-1944 (Date received local registrar)

(b) Laura Shaw deputy (Registrar's signature)

Duration 1 WK

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1351

RECEIVED

District Health Officer No. 10

District File Number 2-44-732

Date Filed FEB 10 1944

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro, N.C.

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.