

FILED JUL 13 1944

Registration District No. 437

Primary Registration District No. 5512

Registrar's No. 98

200  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Homer, Clinton Twp Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution West of Clinton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

State Missouri (b) County Henry 42  
(c) City or town Clinton "Rural" 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 mi - West of Clinton  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country — 10

3. (a) PRINT FULL NAME Huy EARL CRISSMAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mary Eleanor 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased 2 25 1876  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business —

MOTHER, FATHER { 12. Name Francis Marion Crissman  
13. Birthplace Pennal  
(City, town, or county) (State or foreign country)  
14. Maiden name Augusta Owen  
15. Birthplace Henry Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Eleanor Crissman  
(b) Address Clinton Mo. R.F.D. 4

17. (a) Burial (b) Date thereof 6-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

18. (c) Signature of funeral director: Fred Wilkerson  
(b) Address Clinton Mo.

19. (a) June 7, 1944 (b) Georgia Kitchner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4  
year 1944 hour 2:00 minute — P...M.

21. I hereby certify that I attended the deceased from 3-6 - 1944 to 6-3 - 1944  
that I last saw him alive on 6-3 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver & biliary passages 1 yrs?  
Due to —

Due to —  
Other conditions 468  
(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? —

(Specify type of place) While at work? — (e) Means of injury —

23. Signature R. J. Powell (M. D. or other) —  
Address Clinton Mo. Date signed 6/6/44

RECEIVED

District Health Officer No. 7,

District File Number 6-44-814

Date Filed 7-11-44

**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 Grace L. Wilkinson

Licensed Embalmer No. 4360

P. O. Address Clinton 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.**