

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED DEC 29 1944

Registrar's No. 10864

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Deaconess Hospital
(d) Length of stay: In hospital or institution 0
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(d) Street No. 1712 Southwestern
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clyde G. Chrisman

3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nina Chrisman
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January 20 1892

8. AGE: Years Months Days If less than one day
52 10 29 hr. min.

9. Birthplace Audrain County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate

11. Industry or business

12. Name John A. Chrisman
13. Birthplace Boone County Missouri
14. Maiden name Lena Wright
15. Birthplace Boone County Missouri

16. (a) Informant Nina Katherine Chrisman
(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 12-22-44
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 20 1944 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1944 hour 2:00 minute P
21. I hereby certify that I attended the decedent from
1944, 1944 to Dec 19, 1944
that I last saw him alive on Dec 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cause of Death
Due to secondary to call of stomach
Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings: as above
Of operations
Of autopsy: none done
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?
(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 J. J. Bredeck (M. D. or other)
Address 634 Grand Date signed 12/19/44

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

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.....

G. W. Wilkinson

Licensed Embalmer No. 3570

P. O. Address.....

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.