

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural Liberty Mo
(c) Name of hospital or institution: at his home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

RICHARD A. CRISP

(b) If veteran, name war none

(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 Dorothy Reynolds Crisp

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 15-1878

(Month) (Day) (Year)

8. AGE:

Years 66 Months 3 Days 3
If less than one day _____ hr. _____ min.

9. Birthplace

Monticello Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name Wm R Crisp

13. Birthplace Va (City, town, or county) (State or foreign country)

14. Maiden name Frances Jones

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

16. (a) Informant Mrs Dorothy R Crisp

(b) Address Rt 3 Liberty Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21-1945 (Month) (Day) (Year)

(c) Place: burial or cremation Foreign Liburt Mo

18. (a) Signature of funeral director Chas. M. ...

(b) Address Liburt Mo

19. (a) Mar 19-45 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 18, year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1937 to March 18, 1945 that I last saw him alive on March 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 940

Duration

Stroke

Indefinite

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) (c) Means of injury _____

23. Signature Glenn W. Henderson (M. D. or _____)
Address Liberty Mo Date signed 2/19/45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

4/13/45

MS
APR 30 1959
C.M.A. SA

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 _____

Edgar M. Ocker

Licensed Embalmer No. _____

3311

P. O. Address _____

Liberty, 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.