

FILED NOV 21 1945

Primary Registration District No. 3026

Registrar's No. 289

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 617 E. COLLEGE
(If not in hospital or institution, write street number or location)

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

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL")

(d) Street No. 617 E. COLLEGE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME OMA BELLE CHRISMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FEMALE! 5. Color or race WHITE

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

6. (b) Name of husband or wife JERRY V. CHRISMAN

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Nov. 20 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 10 26 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name THADDEUS W. WARDEN

13. Birthplace HOWARD COUNTY Mo O
(City, town, or county) (State or foreign country)

14. Maiden name MARY ANN STONE

15. Birthplace MONTEAU COUNTY Mo 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jerry Chrisman

(b) Address 617 East College St.

17. (a) Burial (b) Date thereof Oct 19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Ind Mo

18. (a) Signature of funeral director Otto Matzke

(b) Address 310 N. Main St. Independence Mo

19. (a) 10-17-45 (b) J. Meser
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1945 hour 2 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 1943, to Oct 17 1945
and that death occurred on the date and hour stated above.

that I last saw her alive on Oct 16 1945
Immediate cause of death Cardiac fracture chronic myocarditis Duration _____

Due to Cancer of pelvic organs with metastasis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no 552

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 0

23. Signature P. F. De Maria MO (M. D. or other) _____
Address 8125E Gregory Blvd Date signed 10-17-45

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

18
4
4

1163

MAY 13 1952

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.