No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2787

Registration District No. 132 Primary Registration District No. 5474 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Grundy

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

(c) Name of hospital or institution: R7 D#2, Jamesport 1 (If not in hospital or institution, write street number or location)

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

In this community 46 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Grundy 40

(c) City or town Rural - Jefferson 0 (If outside city or town limits, write "RURAL")

(d) Street No. R7 D#2 Jamesport 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Elizabeth Ann Chrisop

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William Chrisop

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

7. Birth date of deceased January (Month) 29, (Day) 1857 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 88 | 10 | 14 | — hr. — min. |

9. Birthplace Henry County (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Joseph Ward
13. Birthplace Durham County (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Anna French
15. Birthplace Durham County (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Arthur Chrisop

(b) Address R7 D#2 Jamesport, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Zo. of Jamesport, Mo.

18. (a) Signature of funeral director Rayne A Davis

(b) Address Trenton Mo

19. (a) 12-31-45 (Date received local registrar) (b) Irene Fair (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec, day 13 year 1945 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from 12 - 12, 1945, to 12 - 12, 1945; that I last saw her alive on 12 - 12, 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 24 hrs. |
| Due to Arteriosclerosis | |
| Due to | |
| Other conditions (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? yes (e) Means of injury

23. Signature R. W. Thompson (M. D. or other)

Address Bruce Booth Date signed

115

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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.....

.....Myself....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Raymond A Davis.....

Licensed Embalmer No.....3424.....

P. O. Address.....Trenton 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.**