

FILED APR 8 1948

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Oscar Earl Chrisman

3. (b) If veteran, name war i 3. (c) Social Security No. 497-30-5098

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beulah Still 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 9 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 2 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Operator of Filling Station

11. Industry or business _____

MOTHER FATHER { 12. Name Charley Elmer Chrisman

13. Birthplace unknown (State or foreign country)

14. Maiden name Dora Belle Compton

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

16. (a) Informant Beulah Chrisman

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Mar 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Olivet

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) 3-18-46 (b) L. E. Shultz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 306 E. Lake St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 18, year 1946 hour 4 minute 40 A M.

21. I hereby certify that I attended the deceased from May 15 1946 to March 18 1946

that I last saw him alive on March 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration _____

Due to T. B. of Kidney

Due to Pulmonary Tuberculosis

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

Major findings: Of operations _____

Of autopsy 138

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? _____ (c) Means of injury _____

23. Signature E. S. Solomon (M. D. or other) DO.

Address Marceline Mo Date signed 3-20-46

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

8941

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 Blanche M. Langhlin
Licensed Embalmer No. 1909
P. O. Address Marceline 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.