S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19949

State File No.

FILED JUL 28 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 492

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2332 N. Campbell Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 2332 N. Campbell Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HELEN JOSEPHINE CHRISMAN
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Glen Chrisman
6. (c) Age of husband or wife if alive: 27 years
7. Birth date of deceased: September (Month) 16, (Day) 1918 (Year)

8. AGE: Years 29 Months 8 Days 23 If less than one day hr. min.

9. Birthplace: Willard, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business: Home

FATHER
12. Name: Edward Russell
13. Birthplace: Willard, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Mary Clark
15. Birthplace: Polk County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. May Young
(b) Address: 2332 N. Campbell Ave., Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 10, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: E Rose Hill Cemetery
18. (a) Signature of funeral director: Fred G. Trieme
(b) Address: Springfield, Mo.
19. (a) 6-11-46 (Date received local registrar) (b) [illegible] Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1946 hour 3:25 AM minute M.
21. I hereby certify that I attended the deceased from 12-10-45, 19.., to 1-9, 19.46 that I last saw her alive on 1-2, 19.46 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Far Adv. — Duration: 18 Mo.
Due to:
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? (e) Means of injury
23. Signature: [illegible] (M. D. or other)
Address: Springfield Mo. Date signed 6/11/46

(Licensed Embalmer's Statement on Reverse Side)

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. Ralph Thiesen

Licensed Embalmer No. 3681

P. O. Address. Springfied, 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.