

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

FILED DEC 9 1946  
Registration District No. 1779

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Osteopathic Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo  
(Specify whether years, months or days)

In this community 30 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2006 Jefferson  
(If no definite location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country Mexico

3. (a) PRINT FULL NAME Crispina Chagollan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color of race Mex

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

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Dec 5<sup>th</sup> 1901  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26  
year 46 hour 10 PM minute M.

21. I hereby certify that I attended the deceased from Sept 15 1946 to 11-26 1946  
that I last saw her alive on 11-26 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>44</u>	<u>11</u>	<u>22</u>	<u>21</u>	<u>hr. min.</u>

Immediate cause of death Pulmonary edema

Due to Carcinoma of the lungs

Due to carcinoma of the Rt. Breast primary

Other conditions None  
(Include pregnancy within 3 months of death)

9. Birthplace Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business self

MOTHER FATHER { 12. Name Marcellino Chagollan

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

14. Maiden name Cande Chagollan

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

Major findings: Of operations 50

Of autopsy None

PHYSICIAN None  
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Lucy Murray

(b) Address 2006 Jefferson

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11/29/46  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cem

18. (a) Signature of funeral director Wm Lucy Murray

(b) Address 2006 Jefferson

19. (a) 11-29-46 (Date received local registrar)

(b) Meraldine Holmes (Registrar's signature)

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? \_\_\_\_\_

23. Signature Wm Lucy Murray (M. D. or other) 2

Address Bryant Bldg, Mo Date signed 11-29-46

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

Signed

*John G. Cassman*

Licensed Embalmer No.

*4223*

P. O. Address

*KC 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.**