

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41693**

Registration District No. **294**

Primary Registration District No. **3056**

Registrar's No. **260**

1. PLACE OF DEATH:
Randolph
 (a) County **Moberly**
 (b) City or town **Moberly**
 (c) Name of hospital or institution: **819 South 4th. St. J**
 (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)

3. (a) PRINT FULL NAME **CLARA W. CRISMAN**

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** **Widow**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased **March 9th. 1862**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	9	1	hr. _____ min.

9. Birthplace **Bureau County Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **Housework**

12. Name **George P. Lincoln**

13. Birthplace **Dont Know**

14. Maiden name **Emily Osborn**

15. Birthplace **Dont Know**

16. (a) Informant **Mrs. Arthur Magruder**

(b) Address **Brunswick, Missouri**

17. (a) (Burial, cremation, or removal) **Burial** **(b) Date thereof.** **12--12-1946**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Brunswick, Missouri**

18. (a) Signature of funeral director **L. McNeal**
(b) Address **Brunswick, Missouri**

19. (a) Dec 12-46 **(b) Seal** **William Lane**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Chariton 2/1**
 (c) City or town **Brunswick**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
25. DATE OF DEATH: Month **December** **10**
 year **1946** hour **11:30** minute **a.** M.

21. I hereby certify that I attended the deceased from **Nov 25/46** **to** **Dec 10/46**
that I last saw her alive on **Dec 5/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy (left)** **5 days**
 Duration

Due to _____
Due to _____

Other conditions **flu + Entertis, Measles**
(Include pregnancy within 3 months of death) **Sexuality -**

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? _____

While at work _____ (Specify type of place)
(c) Means of injury _____

23. Signature **W. H. ...** (Physician or other)
Address _____ **Date signed** **12/11/46**

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

MOTHER FATHER

OCT 16 1946

RECEIVED
District Health Officer No. 10
District File Number 2-46-2299
Date Filed DEC 20 1946

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 L. M. Weissel
Licensed Embalmer No. 823
P. O. Address Brunswick 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.