

FILED MAY 1 1947

Registration District No. 27

Primary Registration District No. 5-952

Registrar's No. 15

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town RURAL SPENCERTWSP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MILES WEST 1 MILE SOUTH CURRYVILLE MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 8.8 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE
(c) City or town RURAL SPENCERTWSP
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MILES WEST 1 MILE SOUTH CURRYVILLE,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA MARTIN CRISWELL

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, WIDOWED

6. (b) Name of husband or wife JESSE D. CRISWELL 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased DEC. 21 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 23 If less than one day hr. min.

9. Birthplace PIKE COUNTY, MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name HUTSON GENTRY
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name MARGARET KELLY
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant REGINALD CRISWELL

(b) Address CURRYVILLE MO

17. (a) BURIAL (b) Date thereof April 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CURRYVILLE GENTRY

18. (a) Signature of funeral director Heath Smith

(b) Address Vandavia Mo.

19. (a) April 17 1947 (b) B. Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 3/19, 1943, to 4/12, 1947; that I last saw her alive on 4/12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 17
Due to Generalized arteriosclerosis 5 yrs

Due to chronic nephritis 7 yrs

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

Major findings: Of operations 131B 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 0

23. Signature Thos. L. Dwyer, M.D. (M. D. or other) Address Mexico, Mo. Date signed 4/16/47

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

JUN 30 1954

RECEIVED
District Health Officer No. 10
District File Number 447-730
Date Filed APR 29 1947

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.....

Ernest D. Wilson

Registered Apprentice No. *490*

working under my personal supervision.

Signed *James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bowling Green, 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.