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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 31 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23538
Registrar's No. 262

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(c) Name of hospital or institution: CALLAWAY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 603 MARKET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MARGARET 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.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: JAN 23 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 27
If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business.....

MOTHER FATHER
12. Name Robert Boles 4
13. Birthplace DK. IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name CYNTHIA THATCHER
DK. CANADA
(City, town, or county) (State or foreign country)
15. Birthplace.....

16. (a) Informant Geo. CRISWELL
(b) Address FULTON, MO.

17. (a) BURIAL (b) Date thereof July 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HILL-CREST

18. (a) Signature of funeral director Glen J. Manspin
(b) Address 712 Court Fulton, Mo.

19. (a) July 22, 1947 (b) Jovie Manspin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1947 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7/18, 1947, to 7/20, 1947.
that I last saw her alive on 7/20, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Due to arteriosclerosis

Due to.....

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

Major findings: None
Of operations None
Of autopsy None

Duration 3 days
years
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).....
(a) Means of injury.....
Signature Denny Dunt (M. D. or other) M.D.
Address Fulton, Mo. Date signed 7/23/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/30/47

VS AUG 5 1959

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 Glen Y. Manpin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.