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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1949

Registration District No. 78

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 39264

Registrar's No. 189

1. PLACE OF DEATH:

(a) County AUDRAIN.

(b) City or town ~~LADDONIA~~ MEXICO, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
AUDRAIN-CO-HOSPITAL.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

(c) City or town LADDONIA-MO.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LINDA-SUE-CHRISMER.

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 CHILD.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DEC-25-1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation CHILD.

11. Industry or business CHILD.

FATHER
12. Name ROY-C-CHRISMER.
13. Birthplace ST. LOUIS, (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name DARLENE-SLAVENS
15. Birthplace AUDRAIN CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Roy Chrismer
(b) Address LADDONIA-MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-30-48 (Month) (Day) (Year)

(c) Place: burial or cremation LADDONIA-MO.

18. (a) Signature of funeral director Clyde C. Wilkey
(b) Address LADDONIA-MO.

19. (a) 1-3-49 (Date received by local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1948 hour 7 minute 24

21. I hereby certify that I attended the deceased from Dec 26 1948 to Dec 28 1948 that I last saw her alive on Dec 28 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	24 hrs
Due to: Prematurity, debility	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 159

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 G. P. Kallenbach (M. D.)

Address Mexico, Mo. Date signed 12-28-48

(Licensed Embalmer's Statement on Reverse Side)

Chrestner

RECEIVED
District Health Officer No. 10
District File Number 149
Date Filed JAN 10 1949

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 John E. Maxwell, Registered Apprentice No. 252 working under my personal supervision.

Signed Clydell Wilkey

Licensed Embalmer No. 3820

P. O. Address Perryton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.