No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30746

FILED JAN 13 1949
Registration District No. ____ Primary Registration District No. 4173 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Ava
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Johnney Ray Crisp
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced (Single
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May 29, 1948 (Month) (Day) (Year)

8. AGE: Years ____ Months 6 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Ava, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business ____

MOTHER FATHER
12. Name Raymond J. Crisp
13. Birthplace Ark, / (City, town, or county) (State or foreign country)
14. Maiden name Lucille Byerley
15. Birthplace Rockbridge, Missouri () (City, town, or county) (State or foreign country)

16. (a) Informant Raymond J. Crisp
(b) Address Ava, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral
(b) Address Ava, Missouri Home
19. (a) Jan 3-49 (Date received local registrar) (b) Ustas Buchanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1948 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 7, 19__, to ~~Dec~~ 17, 19__; that I last saw ~~him~~ alive on Dec 17, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Pneumonia	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) ____	
Major findings: Of operations ____	
Of autopsy ____	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED FROM PHYSICIAN. Underline cause of death which 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 J. K. Gentry (M. D. or other)
Address Ava Mo Date signed 1-20-49

Jefferson City Printing Co. (Licensed Embalmer) Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6,
District File Number 149-46
Date Filed 1-11-49

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 Charles R. Fish, Registered Apprentice No. 45, working under my personal supervision.

Signed C A Rood

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.