

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

See also 32085-40
32083 Box 4
State File No. _____

Registration District No. _____

Primary Registration District No. 5446

Registrar's No. 20

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Greene County Hospital
(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)
In this community _____

3. (a) PRINTED FULL NAME MERIDIAN-ELIZABETH-DULIN

3. (b) If veteran, name war _____
3. (c) Social Security No. No

5. Color or race Female White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 5
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business In Home

12. Name James Chissem

13. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Chissem

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Chissem

(b) Address 3126 N. Elm

17. (a) Buried (b) Date thereof Aug 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Cemetery

18. (a) Signature of funeral director Arthur Chissem

(b) Address Springfield, Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Rt. 1.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1940 hour 11:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug 30-40
_____, 19____, to Aug 30, 19____
that I last saw him alive on Aug 30, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertensive Cardiovascular Disease
Duration 1 day

Due to _____

Due to _____

Other conditions Diabetes mellitus
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Arthur Chissem (M. D. or other) _____

Address 400 E. Canal St. Date signed 8/31/40

RECEIVED

Greene County Health Office,

County File Number 70 - 10 - 84

Date Filed 10/10/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.