

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7415

Registration District No. 586

Primary Registration District No. 3030

Registrar's No. 12

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston
(c) Name of hospital or institution:
601 Cleveland St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
In this community 67 years, months or days (Specify whether years, months or days)

8. (a) PRINT FULL NAME Effie Crisler
8. (b) If veteran, name war XXXX 8. (c) Social Security No. XXX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased January 20 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation House keeper

11. Industry or business House keeping

MOTHER FATHER { 12. Name John Crisler
13. Birthplace Chester Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Dean
15. Birthplace Covington Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Morgan
(b) Address Christopher Ill.

17. (a) Burial (b) Date thereof 2-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chester Ill.

18. (a) Signature of funeral director John P. Hummel Jr
(b) Address Charleston, Mo.

19. (a) 2-2-40 (b) J. A. Vernon 745
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Cleveland St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 31st.
year 1940 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Jan 30
1940 to Jan 31, 1940
that I last saw her alive on Jan 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart failure, Decompensating
Due to hypertension
Due to hypertension
Other conditions: 45%
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
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 _____
23. Signature Paul S. Bar (M. D. or other)
Address Charleston Date signed 1/31/40

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

RECEIVED

District Health Officer No. _____

District File Number 340-68

Date Filed 3/5/4

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 John A. Minnie Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, M.

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.