

Registration District No. **JUN 5 1940**

Primary Registration District No. **5626**

Registrar's No. **24**

1. PLACE OF DEATH:
Lafayette
(a) County. **Lafayette**
(b) City or town. **Rural Washington Township**
(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 **2**
In this community **25 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Arthur J Chrisman 625**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWER**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 7, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	2	27	hr. min.

9. Birthplace **Jackson Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
12. Name **Sam Chrisman**
13. Birthplace **Lees Summit Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Horace Chrisman**
(b) Address **Odessa, Mo.**

17. (a) **Burial** (b) Date thereof **May 6, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Concord Cem. Bates City, Mo.**

18. (a) Signature of funeral director **Plat Husman 414**
(b) Address **Odessa, Mo.**

19. (a) **5-5-1940** (b) **Miss E. M. Goodwin**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Lafayette**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **6 Miles South East of Odessa**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **5** day **4**
year **1940** hour **9:00** minute **P.** M.
21. I hereby certify that I attended the deceased from **Sept. 1, 1929**, to **May 4, 1940**
that I last saw him alive on **May 4, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Nephritis acute**
Due to **Ch. nephritis**
Due to **myocarditis ch.**
Other conditions (include pregnancy within 3 months of death) **121**

Major findings: Of operations _____
Of autopsy **no**

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) (M. D. of injury)
23. Signature **[Signature]** (M. D. of signature) **5/6/40**
Address **Odessa Mo** Date signed **5/6/40**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-11-40

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 Irving T. Newman

Licensed Embalmer No. 2541

P. O. Address Adelphi, Md

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.