

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37939**
Registrar's No. **4537**

Registration District No. **399** Primary Registration District No. **1002**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community all years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 0 6815 E 12 St Jew.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME CAROLYN CHRISMAN

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

4. Sex Female 5. Color or race wh 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. 9 12 1936
(Month) (Day) (Year)

8. AGE: Years 4 Months 2 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred Lee Chrisman
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Caste
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Haltermann

(b) Address 6815 E 12 St Jew

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Home

18. (a) Signature of funeral director John P. Shurt

(b) Address 6606 Winder ave

19. (a) 11-28-40 (b) In J. Browe
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year _____ hour _____ minute 1:35 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____ and that he expired on the date and hour stated above.

Immediate cause of death _____

Bradypnea

Due to 2nd degree Burn Body

Due to Spilled Scalding Water on Body

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Just

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-21-40

(c) Where did injury occur? Mo. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Russell W. DeW (M. D. or other)

Address Floral Home Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Joe B. Yoder, Registered Apprentice No. # 233, working under my personal supervision.

Signed

John P. Reel

Licensed Embalmer No. 3625

P. O. Address Lawrence City, 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, above space should be left blank.