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10-39
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K21492

Registration District No. **503** Primary Registration District No. **5269**

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Meadville Parson Creek Twp.
(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 _____
In this community 7 years (Specify whether years, months or days) 2

DEC 17 1940
Rural

2. USUAL RESIDENCE OF DECEASED:

(a) County Linn
(b) City or town Meadville Mo Rural
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ota Elizabeth Chrisman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Gully Chrisman
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 7 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name James Brooks
18. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Gillispie
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Gully Chrisman
(b) Address Massville Mo

17. (a) Burial (b) Date thereof Nov 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) 28 (b) 40 Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1940 hour 8 minute 10 A M.
21. I hereby certify that I attended the deceased from 11-26
1940 to 11-27 1940
that I last saw h. r. alive on 11-27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhages 10 hrs.
Due to arterio Sclerosis and Hypertension 5 years

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

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? 452
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edwards (M. D. or other) _____
Address Ma... Date signed 11-27-40

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 _____

Frank L. Smiley

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Frank L. Smiley

Licensed Embalmer No. _____

470

P. O. Address _____

Whedding 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: