

Registration District No. 1102

Primary Registration District No. 5870

Registrar's No. _____

1. PLACE OF DEATH

(a) County Demasco
(b) City or town Bragg City
(c) Name of hospital or institution McCombs Hosp
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Demasco
(c) City or town Bragg City
(d) Street No. _____
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME William Lando Risner

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Jan 22 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Sidney Homer Risner

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

14. Maiden name Mede Bell Farmer

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

16. (a) Informant Sidney Homer Risner
(b) Address Bragg City Mo.

17. (a) Bragg City (b) Date thereof 1-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Friends 591
(b) Address _____
19. (a) Feb-1-41 (b) Mrs J. R. Cole
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 41 hour 5 minute 0 A. M.

21. I hereby certify that I attended the deceased from 1-23- 1941, to Jan 23 1941 that I last saw him alive on Jan 23 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Birth injury - Brain

Due to _____
Due to _____

Other conditions permanently ill
(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?

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

23. Signature Officer (M. D. or other) _____
Address Wright, Mo Date signed _____

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

8
0
0

2-41-5

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.