

FIFTH OCT 16 1941

State File No. \_\_\_\_\_

Registration District No. 361

Primary Registration District No. 5-755-A

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Miller  
(b) City or town Eldon (Rural) Saline  
(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 \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Joseph Daniel Crisp

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

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

6. (b) Name of husband or wife Jennie Crisp 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased February 2 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Mt. Pleasant Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph Crisp

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

14. Maiden name Marion Bliss

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

16. (a) Informant Mrs. Jennie Crisp

(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 9-11-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) 9-10-1941 (b) Belle Haynes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Eldon (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10  
year 1941 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 1 1940 to Sep 10 1941  
that I last saw him alive on Sep 19th 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Transverse & Descending colon

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

2

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) (e) Means of injury \_\_\_\_\_

23. Signature G. D. Allen (M. D. or other) \_\_\_\_\_  
Address Eldon Date signed 9/10/41

RECEIVED  
Miller County Health Dept.  
County File Number 41-99  
Date Filed 10/14/41

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

Louis D. Phillips

Registered Apprentice No.

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

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.