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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40647

Registration District No. 101 — Primary Registration District No. 4173 — Registrar's No. 28

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 34

(a) State Missouri (b) County Douglas 1
(c) City or town Ava, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Clint Crisp

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

4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Molisey Crisp
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Dec. (Month) 6 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	0	21	hr. min.

9. Birthplace Wildcherry, Arkansas 1
(City, town, or county) (State or foreign country)
10. Usual occupation Mail Carrier
11. Industry or business

FATHER
12. Name Unknonw
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Crisp
(b) Address Pullman park Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ava
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) 1-5-43 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1942 hour Between 10 A. M. and 1: P. M. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Carbon Monoxide Gas
Due to Fumes from exhaust pipe of his own car.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

163 M

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) Suicide
(b) Date of occurrence Dec. 27, 1942
(c) Where did injury occur? Near Ava (City or town) Douglas (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Near Highway number 5 North of Ava, Mo. (Specify type of place)
While at work? No (e) Means of injury

23. Signature C. V. Clinkingbeard (M.D. or other) Coroner
Address Ava, Missouri Coroner 3 Date signed 12-28-42

1056 (Licensed Embalmer's Statement on Reverse Side)

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 F. A. Siteffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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, fact should be so stated above.