DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6720

Registration District No. 47

Primary Registration District No. 5164

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town 7 Mi West of Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Fulton Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Fulton 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JOHN HENRY CRISWELL

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 Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 8 (Day) 1858 (Year)

8. AGE: Years 85 | Months 9 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Dixie (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Farmer

11. Industry or business .....

FATHER
12. Name William Criswell
13. Birthplace ..... (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Americus Chaney
15. Birthplace ..... (City, town, or county) Ky (State or foreign country) 0

16. (a) Informant Mrs W. C. Shryock
(b) Address Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/44 (Month) (Day) (Year)
(c) Place: burial or cremation White Cloud

18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton, Mo.

19. (a) 2-7-1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1944 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 30 1944 to Feb 5 1944
that I last saw him alive on Jan 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Intra Cranial hemorrhage

Due to Arterio Sclerosis

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

830

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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature R. N. Lewis (M. D. or other)

Address Fulton Mo Date signed 2/7/44

(Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-14-44

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.