

FILED DEC 11 1944

Registration District No. 133

Primary Registration District No. 5578

Registrar's No. 27

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Webb City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Webb City, R.R. #1  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 38 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Webb City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R #1 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas W. Crisp  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 24  
year 1944 hour 2:30 minute 00 M.  
21. I hereby certify that I attended the deceased from 11-22, 1944, to 11-24, 1944  
that I last saw him alive on 11-24, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mathew Crisp 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased: 13 (Month) 1875 (Day) (Year)

Immediate cause of death chronic myocarditis  
Duration \_\_\_\_\_

8. AGE: Years 69 Months 2 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

Other conditions (include pregnancy within 3 months of death) 93d

10. Usual occupation Carpenter

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

11. Industry or business \_\_\_\_\_

12. Name Riley Crisp

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

14. Maiden name Dorothy Lawrence

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

16. (a) Informant Tomally Crisp

(b) Address R #1 Webb City, Mo.

17. (a) Burial (b) Date thereof Nov 25 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crisp Memorials

18. (a) Signature of funeral director Webb City, Mo.

(b) Address Webb City, Mo.

19. (a) Nov. 25 1944 (Date received local registrar) (b) Mrs. Miller Eagle (Registrar's signature)

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 plant) (e) Means of injury 2

23. Signature Miss [illegible] (M. D. Registrar) D.O.

Address Webb City, Mo. Date signed 11-25-44

MOTHER FATHER

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

49  
0  
0

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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Jeff City, 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.