

FILED AUG 14 1945

Registration District No. **334**

Primary Registration District No. **4519**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County **TEXAS**
(b) City or town **CABAD**
(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 **JOSEPHINE HORTENSE CRISMAN**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F** / Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Lee Arnold**

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

7. Birth date of deceased **Dec 9 1883**

(Month) (Day) (Year)

8. AGE: Years **60** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **Wichita Kans**

(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Issac Newton Miller**

13. Birthplace **Ill**

(City, town, or county) (State or foreign country)

14. Maiden name **MATILDA GLENN**

15. Birthplace **Ill**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Bryant Daughter**

(b) Address **Joplin Mo.**

17. (a) **Removal** (b) Date thereof **July 20 1945**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pocahontas Ark**

18. (a) Signature of funeral director **Gaylord C. Elliott**

(b) Address **Rebol Mo.**

19. (a) **July 22-45** (b) **Mrs Lou Miller**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ARK** (b) County **Reganolph**
(c) City or town **Pocahontas Ark**

(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **20**
year **1945** hour **11:30** minute **A.M.**

21. I hereby certify that I attended the deceased from **Dead when I saw her**

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Due to **Head on collision of an ambulance and a milk truck**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) **accident / 107**

(b) Date of occurrence **July 20 1945**

(c) Where did injury occur? **Rebol Texas Mo.**

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On Highway 60**

(Specify type of place)

While at work? (e) Means of injury

23. Signature **J. W. Winkler** (M.D. or other)

Date signed **7/20/45**

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

7
1
0

RECEIVED

District Health Officer No. 5,

District File Number 845-323

Date Filed 8, 13, 45

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.....

Gaylord V. Elliott
Licensed Embalmer No. 2252

P. O. Address Cabool 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.