

FILED OCT 1 1946

Registration District No. 399

Primary Registration District No. 5165

Registrar's No. 20

1. PLACE OF DEATH:

(a) County CALLAWAY  
(b) City or town GUTHRIE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 72 YEARS (Specify whether

In this community 72 YEARS years, months or days)

3. (a) PRINT FULL NAME LAURA ANNA CRISWELL

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

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

6. (b) Name of husband or wife Geo. Robert CRISWELL 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased MARCH 6 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 14 If less than one day hr. min.

9. Birthplace HALIFAX VIR. (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER { 12. Name GEORGE TRAMMELL  
13. Birthplace HALIFAX VIR. (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Gibbs  
15. Birthplace CALLAWAY Co. MO (City, town, or county) (State or foreign country)

16. (a) Informant NED BROOKS  
(b) Address Guthrie, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 23, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation DRY - FORK

18. (a) Signature of funeral director Shirley Mays  
(b) Address 712 East Fulton Mo.

19. (a) Sept 27-46 (Date received local registrar) (b) LeRoy Laycock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY 14

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

(d) Street No. 0 (If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1946 hour 10 PM minute 0 M.

21. I hereby certify that I attended the deceased from June 24 1946 to Sept 20 1946 that I last saw him alive on Sept 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

General arteriosclerosis

Duration

Due to

Due to

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

Major findings: Of operations 97

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)  
(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) (c) Means of injury

23. Signature E. McQuinn (M. D. or other) Address W. B. 10 Mo Date signed Sept 23-46

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

28565

39

DEC 17 1948

RECEIVED  
District Health Officer, No. 9,  
District File Number  
Date Filed 10-1-48

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 Glen G. Kaufman

Licensed Embalmer No. 2725-

P. O. Address Fulton, 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.