S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1010

State File No.

FILED FEB 7 1948

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 401

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4106 BELLEFONTAINE AVENUE (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 44
(c) City or town KANSAS CITY 37 (If outside city or town limits, write "RURAL")
(d) Street No. 4106 BELLEFONTAINE AVENUE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. CLIFTON L. CHRISMAN
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS ORAT. Chrisman
6. (c) Age of ~~husband or~~ wife if alive 69 years
7. Birth date of deceased Sept. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Bates County (City, town, or county) Mo (State or foreign country)
10. Usual occupation Furniture (Retired)
11. Industry or business In K.C. 40 years

FATHER
12. Name Mr Geo. Chrisman
13. Birthplace Appleton City (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Esther FITZHENRY
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant MR. ROY L. CHRISMAN
(b) Address 3833 AGNES AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 31 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEM.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 1-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 28TH year 1948 hour 6 minute 35 A.M.
21. I hereby certify that I attended the deceased from Sept 1st 1947 to 1/27 1948 that I last saw him alive on 1/27 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chron. Myocarditis	6 mo
Cerebral arteriosclerosis	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 ft
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H S Prentiss (M. D. ~~or other~~)
Address 900 Realty Bldg Date signed 1/28/48

Jefferson City Printing Co. (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 Bernard L Horan

Licensed Embalmer No. 4250

P. O. Address KC 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.