DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25199

State File No.

Registration District No. 357 Primary Registration District No. 6211 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rembidoux Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107
(c) City or town Plato
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Virgil Crismon

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Polly Crismon
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased 4 (Month) - 26 (Day) - 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	14	hr. min.

9. Birthplace Nebo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Jeff Crismon
13. Birthplace Maries Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Anna Williams
15. Birthplace Plato (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Polly Crismon
(b) Address Plato Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 13 (Day) 1948 (Year)
(c) Place: burial or cremation Cedar Bluff
18. (a) Signature of funeral director Palmer Funeral Home
(b) Address Lebanon Mo.
19. (a) July 13 1948 (Date received local registrar) (b) Evan Pickett (Registrar's signature) 3 2 8

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 10 year 1948 hour 12 M. minute M.

21. I hereby certify that I attended the deceased from Fell dead in Hayfield never see him alive, 1948, to , 19 ; that I last saw him did not see him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Supposed to be heat exhaustion

Due to hot sun rays in field

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 19
Of autopsy no. 19

Duration

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) 107
(b) Date of occurrence
(c) Where did injury occur? near Plato (City or town) Texas Co. (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hayfield (Specify type of place)
While at work? Yes (e) Means of injury

23. Signature J. R. Nowack M.D. Sevenor (M. D. or other) 3
Address Houston Mo. Date signed 7/10/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-20-48
District Health Officer No. 5,
District File Number 748 472
Date Filed 7-20-48

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 Richard S. Palmer, Registered Apprentice No. 84 working under my personal supervision.

Signed SR Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, Mo

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.