

No. 2
5-43
17-39
23671

FILED JUL 24 1947

State File No. 26460

Registration District No. 236

Primary Registration District No. 6121

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon
(b) City or town Star Route Birch Tree
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shannon / 0 /
(c) City or town rural Birch Tree 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Israel M. Chrisco

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fanny B. Chrisco 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 28, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 11 3
.....hr.min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name 9

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

14. Maiden name Grace

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

16. (a) Informant Mrs. I M Chrisco

(b) Address Birch Tree, Mo.

17. (a) Burial (b) Date thereof 6-2-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

18. (a) Signature of funeral director Duncan funeral home

(b) Address Mountain view, Mo.

19. (a) 7-11-47 (b) Michael Reel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 12
1947 to May 31 1947
and that death occurred on the date and hour stated above.
that I last saw him alive on May 12 1947

Immediate cause of death _____ Duration _____

Due to Fall
intermittent rage

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

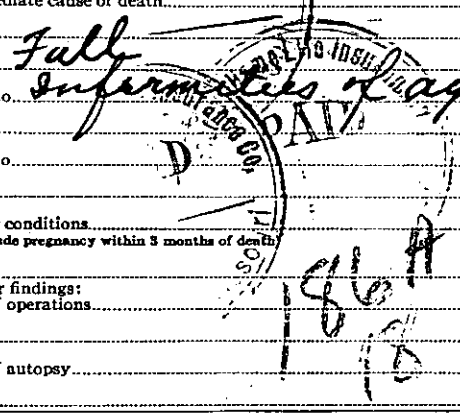
(c) Where did injury occur _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature R. S. Davis (M. D. or other) _____

Address Birch Tree Mo Date signed 7/10/47



ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUIRED
(Listed by)

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

MOTHER FATHER

RECEIVED

District No. 5,

District 747403

Date Filed 7-22-47

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mtn. View, 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.