

Registration District No. **99**

Primary Registration District No. **3377**

Registrar's No. **82**

1. PLACE OF DEATH:  
 (a) County **DeKalb**  
 (b) City or town **King City (Rural)**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) **1**  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days

3. (a) PRINT FULL NAME **THOMAS NEWTON CHRISTIAN**  
 3. (b) If veteran, **V** name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color of **W** 6. (a) Single, widowed, married, divorced **M**  
 (b) Name of husband or wife **DORA MAUD CHRISTIAN**  
 (c) Age of husband or wife if alive **57** years  
 7. Birth date of deceased **JUN 13 1887**  
 (Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

12. Name **HENRY CHRISTIAN**

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

14. Maiden name **SALLIE SLOAN**

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

16. (a) Informant **Mrs. Maud Christian**  
 (b) Address **King City MO RFD.**

17. (a) **Burial** (b) Date there **17-24-46**  
 (Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BUTLER CEMETERY**  
**POWER FUNERAL HOME**

18. (c) Signature of **MAURYVILLE MO**  
 (b) Address **1720-46**  
 19. (a) **1720-46** (b) **Wm. Davidson**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **DEKALB**  
 (c) City or town **KING CITY, R.F.D.**  
 (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 **DEC** day **18**  
 year **1946** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **Jan 1946** to **Dec 18 1946**  
 that I last saw him alive on **Dec 1 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **5 min**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **94A**  
 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) \_\_\_\_\_

(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. Signatory **E. M. Reynolds** (M. D. or other) **17**  
 Address **Union Star Mo** Date signed **Jan 47**

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

7070

DISTRICT HEALTH OFFICE  
Cameron, Mo.

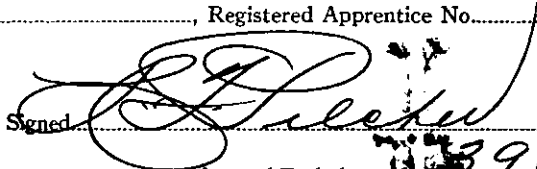
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

3960

P. O. Address

Marionette, 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.