

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

12441  
Do not use this space.

REC'D APR 23 1938

**1. PLACE OF DEATH**

(a) County Webster Registration District No. 896  
 (b) Township High Prairie Primary Registration District No. 6200 Registered No. 10  
 (c) City..... (d) Street No.....  
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

William John Christley 623  
 (a) Residence, No. Webster County, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1861  
 7. AGE YEARS 76 MONTHS 9 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm  
 10. Date deceased last worked at this occupation (month and year) Feb. 1938 11. Total time (years) spent in this occupation life

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 7, 1938  
 I last saw him alive on March 7, 1938 Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Purulent Bronchitis  
(Organism not determined)  
Post-Infuenzal  
Generalized Arteriosclerosis  
 Date of onset weak  
3 weeks  
 Other contributory causes of importance:  
Bronchial Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT Eugene Leonard  
 (ADDRESS) Marshfield, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsylvania DATE March 8, 1938  
 19. FUNERAL DIRECTOR (NAME) Rev. Rainey  
 (ADDRESS) Marshfield, Missouri  
 20. FILED Feb 15, 1938 Elmer Highfill  
 Local Registrar

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) C. P. Macdonnell, M. D.  
Marshfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X14028

STATEMENT TO BE COMPLETED BY THE LICENSED EMBALMER  
WHEN THE BODY IS EMBALMED

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,

*Rex Rainey*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Rex Rainey*

Licensed Embalmer No.

*3312*

P. O. Address

*Marshfield, 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, above space should be left blank.