

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

1644
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 42
 (c) City St. Joseph (d) Street No. St. Joseph's Hospital St. _____
 (e) Length of residence in city or town where death occurred 71 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? 71 yrs. - mos. - ds.

2. PRINT FULL NAME

Magdalena (Rudolph) Christianson
 (a) Residence, No. 1414 Penn 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rasmus Christianson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1850.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wertenberg 6
 (STATE OR COUNTRY) Germany

FATHER 13. NAME Unknown 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT F.W. Victor Rudolph
 (ADDRESS) 731 S. 14th. St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent.
 PLACE St. Joseph, Mo. DATE January 16, 1939

19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Jan. 16, 1939 M. J. ...
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 to Jan 14
 Last saw him alive on Jan 13 Death is said to have occurred on the date stated above, at 3:15 AM

The principal cause of death and related causes of importance were as follows:

Chronic Embolism Date of onset unknown
 Other contributory causes of importance: 92 W

Name of operation _____ Date of _____
 What test confirmed diagnosis? throat Was there an autopsy? no

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 _____ M. D.
 (Signed) John J. ...
 (Address) _____

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.

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,

Robert P. Clarkson, or by

Registered Apprentice No., working under my personal supervision.

Signed Robert P. Clarkson

Licensed Embalmer No. 4028

P. O. Address 1802 Union Str. St. Jose

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.