

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

2816
Do not use this space.

REC'D FEB-24 1939

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
 (b) Township Dover Primary Registration District No. 4274 Registered No. 3
 (c) City Higginsville Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorenzo Lyman Christian

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-3-1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938 to Jan 3, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-3-1938

I last saw him alive on Jan 3, 1939 Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 3 0 0 0

to have occurred on the date stated above, at 8 P. m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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

Bronchopneumonia ✓

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville Mo.

Other contributory causes of importance:

FATHER 13. NAME Woodrow W. Christain

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover, MO.

MOTHER 15. MAIDEN NAME Edith Aneta Banks

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Higginsville, Mo.

17. INFORMANT (ADDRESS) Woodrow Christian Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville DATE Jan-4th-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stef. Menneshagen Higginsville, Mo.

20. FILED Feb 1, 1939 Tiffany Webb Local Registrar.

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 _____
 (Signed) Ernest D. Moore, M. D.
 (Address) Higginsville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver

1072

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/13/39

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. 2883, working under my personal supervision.

Signed *Edward H. Haefler*
Licensed Embalmer No. 539

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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(a) County Lafayette Registration District No. 460
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(c) City Higginsville (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorenzo Lyman Christian

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw him alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Bacterial Pneumonia Date of onset _____

Other contributory causes of importance:

None

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? _____

If so, specify _____ (Signed) Ernest M. Moore, M. D.

(Address) Higginsville

SUPPLEMENTARY

REG. FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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