

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.

OCT 1 1939

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

32490

Do not use this space.

1. PLACE OF DEATH ³ Henry ¹⁴
 (a) County Registration District No. ⁴²¹¹
 (b) Township Windsor Primary Registration District No. ¹⁹
 (c) City (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 ⁶²³ Lewis A. Christopher
 (a) Residence, No. Springfield, Missouri, Mo. (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1939	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X					22. I HEREBY CERTIFY, That I ^{visited} attended deceased person Sept 29, 1939 to Sept 29, 1939 I last saw h. ^{live on} Sept 29, 1939 Death is said to have occurred on the ^{same} date stated above, at 4 A. m. The principal cause of death and related causes of importance were as follows: Found dead in railroad car, death apparently due to natural causes.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1881					Date of onset 9/29/39	
7. AGE	YEARS 58	MONTHS 0	DAYS 4	If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter				Other contributory causes of importance: none	
	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) unknown					
11. Total time (years) spent in this occupation unk.						
12. BIRTHPLACE (CITY OR TOWN) Jacksonville, Florida (STATE OR COUNTRY)					Name of operation none Date of Sept 29, 1939	
FATHER	13. NAME Charles L. Christopher				What test confirmed diagnosis examined Was there an autopsy? no	
	14. BIRTHPLACE (CITY OR TOWN) New York (State) (STATE OR COUNTRY)				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.	
MOTHER	15. MAIDEN NAME Martha Smith				Manner of injury none	
	16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)				Nature of injury	
17. INFORMANT John A. Christopher (ADDRESS) Liberty Mo					24. Was disease or injury in any way related to occupation of deceased? no	
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Sept. 30, 1939					If so, specify (Signed) S. B. Hughes M. D. (Address) Evans Hwy, Clinton, Mo.	
19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Missouri					Local Registrar.	
20. FILED Sept 30, 1939 J. J. Ferguson						

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1431
Date Filed 10-10-39

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.....

Ellis M. Huston....., Registered Apprentice No.....
working under my personal supervision.

Signed Ellis M. Huston.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, 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.