

1939 DEC 13

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

39274
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 157
(b) Township Pleasant Hill Primary Registration District No. 4091
(c) City Pleasant Hill Mo Street No. _____
(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.

Registered No. 38

2. PRINT FULL NAME

Sanford Oscar Christian
(a) Residence, No. Pleasant Hill Mo St. (If nonresident, give city or town and State)

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) Mrs. Myrtle Christian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-29-1888

7. AGE YEARS 51 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer
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) Boyle's Mills (STATE OR COUNTRY) Missouri

13. NAME Lewis Christian

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

15. MAIDEN NAME Mary Jane Wilson

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

17. INFORMANT (ADDRESS) Mack Long
Pleasant Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 11/3 1939

19. FUNERAL DIRECTOR (NAME) W. H. Springer (ADDRESS) Pleasant Hill Mo.

20. FILED Nov-4- 1939 Mar. Etta M. Aldridge (Address) _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to Nov 1, 1939
I last saw him alive on not at all, 19..... Death is said to have occurred on the date stated above, at 9:15 A.M. m.

The principal cause of death and related causes of importance were as follows:
Acute heart failure & coronary occlusion

Date of onset 11/1/39

Other contributory causes of importance: PHB

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. H. Springer, M. D.
Pleasant Hill Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

504-1-12-38
I X14029

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,

D. J. Nofsinger, or by

Registered Apprentice No., working under my personal supervision.

Signed *D. J. Nofsinger*

Licensed Embalmer No. *59138*

P. O. Address *Pleasant Hill Pa*

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.