

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Jan 30 1943
State File No. _____
Registrar's No. 339

Registration District No. 398

Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution 800 S. Main
(d) Length of stay: In hospital or institution 38 years
In this community 38 years

8. (a) PRINT FULL NAME Andrew A Christopher
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, or separated 1 (Married)
6. (b) Name of husband or wife Margaret Christopher
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb-17-1866

8. AGE: Years 73 Months 8 Days 22
If less than one day hr. min.

9. Birthplace Buena Vista Ky.

10. Usual occupation Carpenter
11. Industry or business Contractor

MOTHER FATHER
12. Name Thomas Christopher
13. Birthplace Ky.
14. Maiden name America Lane
15. Birthplace Ky.

16. (a) Informant's own signature Mrs. Lucile Stetson
(b) Address 800 S. Main St.

17. (a) Burial (b) Date thereof Nov 11-39
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director H. Mitchell
(b) Address Independence Mo.
19. (a) 11-13-39 (b) J. A. Cook

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(d) Street No. 800 S Main St
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9
year 1939 hour 1:30 minute AM.
21. I hereby certify that I attended the deceased from Sept 19, 1939
to Nov 9, 1939
that I last saw him alive on Nov 8, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the sigmoid - Perhaps 1 year
Due to Hb
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma of sigmoid
Of operations Prostatectomy - Cholecystectomy - Splenectomy - Colostomy
Of autopsy Wadsworth
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature H. Mitchell (M. D. or other)
Address Independence Date signed
28. Signature _____ (M. D. or other)
Address _____ Date signed _____

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.....

working under my personal supervision.

Signed R. B. Mitchell

Licensed Embalmer No. 646

P. O. Address.....

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.