

FILED JUN 6 1960

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19684

Registration District No. 810

Primary Registration District No. 4488

State File No. _____

Registrar's No. 29

I. PLACE OF DEATH:

(a) County Scottland
(b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William E. Cristy

3. (b) If veteran, name war _____
3. (c) Social Security No. 487-18-1354

4. Sex male race white 5. Color or white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie E. Cristy
6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Nov 8 - 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Scottland Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Decorating

11. Industry or business Justice & Pickles

12. Name John C. Cristy

13. Birthplace Scottland Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha A. Hall

15. Birthplace Scottland Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Cristy

(b) Address Memphis Mo.

17. (a) Burial (b) Date thereof May 31 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery 725

18. (a) Signature of funeral director Leith T. Backus

(b) Address Memphis Mo.

19. (a) June 3 - 1940 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scottland

(c) City or town Memphis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1940 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased from August 1st, 1926 to May 28th, 1940
that I last saw him alive on May 28th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Cancer of rectum

Due to _____

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Cancer of rectum
Of operations 8 June 9 - 1936
Of autopsy _____

Duration
14
Yrs.

PHYSICIAN

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 _____

Where did injury occur? _____ (City or town) (County) (State)

(c) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature E. E. Parrish (M. D. or other) _____
Address Memphis Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

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.