

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

Registration District No. 384

Primary Registration District No. 5535

Registrar's No.

1. PLACE OF DEATH:

(a) County Howell
(b) City, or town West Plains, MO
(c) Name of hospital or institution Howell Hosp
(d) Length of stay: In hospital or institution 90 yrs
In this community 623 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Howell
(c) City or town West Plains
(d) Street No. Rt 3
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Nancy Jane Christenson

3. (b) If veteran, name war K 3. (c) Social Security No. ✓

4. Sex Fe 5. Color or race White (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Christenson (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 22-1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Thamesville MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jillmore Phillips

13. Birthplace Thamesville
(City, town, or county) (State or foreign country)

14. Maiden name Phyllis

15. Birthplace Thamesville
(City, town, or county) (State or foreign country)

16. (a) Informant J. Edgar Harris
(b) Address West Plains MO

17. (a) Burial (b) Date thereof 7-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. H. Harris
(b) Address West Plains MO

19. (a) 7-9-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 8:25 minute P M.

21. I hereby certify that I attended the deceased from June 30
July 2 1940 to July 2 1940
that I last saw h alive on 7-2-40
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease
Duration 3 days

Due to HT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN
Underlines 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? (City or town) (County) (State)

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

While at work? (Specify type of place) (e) Means of injury

23. Signature W. H. Harris (M. D. or other)
Address West Plains MO Date signed 7/7/40

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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.