

JAN 25 1941

Registration District No. 384

Primary Registration District No. 5335

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town "Rural" Howell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Plains, Mo. Lebo Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
(Specify whether years, months or days)
In this community 12 years.

8. (a) PRINT FULL NAME DONALD EUGENE CHRISTENSEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 12, 1926
(Month) (Day) (Year)

8. AGE: Years 14 Months 9 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Curlew, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Schoolboy

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Christensen

13. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Eva M. Ford

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

16. (a) Informant Fred R. Christensen

(b) Address West Plains, Mo. Lebo Rt.

17. (a) Burial (b) Date thereof Dec. 17, '40
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Thourburgh

(b) Address West Plains, Mo.

19. (a) 12-17-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Rural- Howell Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. West Plains, Mo. Lebo Rt.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1940 hour 1 minute :00 P.M.

21. I hereby certify that I attended the deceased from 12/15 1940 to 12/15 1940
that I last saw her alive on death announced, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism. Duration _____

Due to acute indigestion with vomiting

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

Major findings: Of operations _____

(Of autopsy stated above)
M. D.

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) (a) Means of injury _____

23. Signature John D. Duncan Coroner
Address Mtn. View, Mo. Date signed _____

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

RECEIVED
District Health Officer No. 5,
District File Number 14118
Date Filed _____
Date Filed _____

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains

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.