

ED FEB 23 1941

Registration District No. 1 Primary Registration District No. 1

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirkville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Grim-Smith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days 6-10-41

3. (a) PRINT FULL NAME Preston Crist
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 widowed
6. (b) Name of husband or wife Emma Crist
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 7
If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer
11. Industry or business farm

12. Name George W. Crist
13. Birthplace Ind. / Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Harriet B. Rendleton, Mo.
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant James Crist
(b) Address Winigan Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof Jan. 24-41
(Month) (Day) (Year)
(c) Place: burial or cremation Refuge Cemt.

18. (a) Signature of funeral director Laura C. Riley
(b) Address Kirkville, Mo.

19. (a) Jan. 23/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirkville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1941 hour 9 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 19
and that death occurred on the date and hour stated above.

that I last saw him alive on Jan 22
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial pneumonia
Duration 4 days
Due to chronic endocarditis and myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 92
Of operations _____
Of autopsy _____
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 _____
(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? _____

23. Signature Spencer L. Freeman (Specify type of place) (M. D. or other) Mo.
Address Kirkville, Mo. (b) Means of injury _____
Date signed 1/23/41

RECEIVED

District Health Officer No. 10

District File Number 2-41-398

Date Filed FEB 19 1941

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.....

Laura R. Riley

Licensed Embalmer No.....

3987

P. O. Address.....

Kirksville, Ms

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, fact should be so stated above.