

V. S. No. 2
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24097**
2546
Registrar's No.

FILED AUG 10 1941

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Fred W. Christian
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora 6. (c) Age of husband or wife if alive Under 15 years
7. Birth date of deceased 12-25-1904
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 12 If less than one day
hr. min.

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

10. Usual occupation Roman

11. Industry or business

MOTHER FATHER
12. Name Wm. Christian
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Christian
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant St. Mary's Hosp.
(b) Address St. Mary's
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-6-41
(Month) (Day) (Year)
(c) Place: burial or cremation Concordia Mo

18. (a) Signature of funeral director L. H. Blackman
(b) Address R. P. Mo
19. (a) 7-6-41 (Date received local registrar) (b) M. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ✓ **054**
(c) City or town Deerfield Mo
(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. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6
year 1941 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7/2/41
_____, 19____ to 7/6/41, 19____;
that I last saw her alive on 7/5/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Abscesses?
(R)
Due to Bronchiectasis
Due to 100%
Other conditions Empyema of Thorax (R)
(Include pregnancy within 3 months of death)
Major findings: Non tuberculous
Of operations _____
Of autopsy See Above

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 Lawrence (Specify type of place) _____
Address 221 Plaza Med Plaza Means of injury _____
Signed 7/6/41

311 (Licensed Embalmer's Statement on Reverse Side)

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

W D Blackman

Licensed Embalmer No.

3639

P. O. Address

RC Mo

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.