N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED G 11 1941

1. ...MENT OF COMMERCE
...EAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24719

Registration District No. 125 — Primary Registration District No. 3069 — Registrar's No. 214

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South East Mo. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Hospital 13½ hrs (Specify whether years, months or days)

In this community: 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

(c) City or town: Jackson - Rural (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.

3. (a) PRINT FULL NAME: Bradley Dale Christy

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: May (Month) 26 (Day) 1938 (Year)

8. AGE: Years 3 | Months 1 | Days 12 | If less than one day: hr. min.

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

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: Orville B Christy

FATHER 13. Birthplace: Harrisburg (City, town, or county) Ill (State or foreign country)

MOTHER 14. Maiden name: Ollie Smith

MOTHER 15. Birthplace: Near Jackson (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature: Orville B Christy

(b) Address: Jackson, Mo R.R. 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-9-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Russell Hughes, Jackson

18. (a) Signature of funeral director: S. E. Crossett

(b) Address: Jackson Mo.

19. (a) 7-9-41 (Date received local registrar) (b) F. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1941 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from July 7, 1941 to July 8, 1941; that I last saw him alive on July 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Electrical Shock — Duration

Due to:

Due to: (Lightening)

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

Major findings: Of operations: N/A

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): Accident

(b) Date of occurrence: July 7, 1941

(c) Where did injury occur? Jackson (City or town) Cape Gir. (County) Mo. (State)

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

While at work? (e) Means of injury: Electrical Shock

23. Signature: Clendon Cat M. D. or Coroner

Address: Jackson Mo. Date signed 7-9-41

(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 Gene C. Cracraft, Registered Apprentice No. ..... working under my personal supervision.

Signed Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Jackson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
—8-21-41
'I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24719

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 35-4

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Mo. Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13½ hrs (Specify whether years, months or days) In this community: Yes.?

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Cape Girardeau
(c) City or town: Jackson Rural (If outside city or town limits, write "RURAL")
(d) Street No.: (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bradley D. Christy
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: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day: hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY