. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 4-20

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42247

Primary Registration District No. 30 22

Registrar's No. 84

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

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Not in Hospital-/ East Second St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 9 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50 9

(c) City or town DeSoto 2
(If outside city or town limits, write "RURAL")

(d) Street No. East Second Street
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME ANNIE MARY CHRISTOPHER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alfred Christopher

6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased July 26, 1886 (Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 29 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Boyer
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Coleman
15. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Riley Hardin
(b) Address De Soto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation DeSoto

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 12-17-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 2, 1938, to Dec. 15, 1941; that I last saw her alive on Dec. 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 days
Due to: Hypertensive heart disease	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 938	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy —	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Mark V. McKinstry (M. D. or other) M.D.
Address DeSoto, Mo. Date signed 12/16/41

301 (Licensed Embalmer's Statement on Reverse Side)

MAY 9 1957

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.