

Registration District No. **724**

Primary Registration District No. **5955**

1. PLACE OF DEATH:

(a) County Putman  
(b) City or town York  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 5 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Putman  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. West of Powersville, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1942 hour 1 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Jan 17 1942 to Jan 17 1942  
that I last saw her alive on Jan 17 1942  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Sarah Sallie Christian  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife G.T. Christian 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 31 1875  
(Month) (Day) (Year)

Immediate cause of death Haemic poisoning  
Due to Chronic glomerular nephritis  
Due to Chronic Hypertension  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 1318  
Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
66 2 17 hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name John A. Dickson  
13. Birthplace Putman Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Browning  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie D. Blackman  
(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof 1-19-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dickson

18. (a) Signature of funeral director [Signature]  
(b) Address [Address]

19. (a) [Signature] (b) [Signature]  
(Date received local registrar) (City, town, or county)

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) (c) Means of injury \_\_\_\_\_  
23. Signature L. W. M. C. D. Gould (M. D. or other) 200  
Address Powersville, Mo. Date signed 1/17/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

86  
90

RECEIVED

District Health Officer No. 10

District File Number 2-42-284

Date Filed FEB 19 1942

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. J. Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, N.J.

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.