

Registration District No. 208

Primary Registration District No. 4145

Registrar's No. _____

900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Dade
 (b) City or town Lockwood, Gurn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 86 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade
 (c) City or town Lockwood
(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.? 0 years.

3. (a) PRINT FULL NAME Christopher Columbus Preston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife D. Belle Preston 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb. 18, 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 2 If less than one day
hr. min.

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

10. Usual occupation retired farmer and Stock man

11. Industry or business _____

12. Name Ike Preston

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Friar

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant D. Belle Preston

(b) Address Lockwood, Mo.

17. (a) Burial (b) Date thereof Apr. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood

18. (a) Signature of funeral director Ray Caldwell
(b) Address Lockwood, Mo.

19. (a) 4/20/42 (b) James M. Green
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20th
year 1942 hour four minute A.M.

21. I hereby certify that I attended the deceased from Feb 20 1942 to April 20 1942
that I last saw him alive on April 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Miscellaneous
and old age

Due to _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury

23. Signature James M. Green (M. D. or other) _____

Address Lockwood Mo Date signed 4-20-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 542-687

Date Filed MAY 12 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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3280

P. O. Address Lockwood 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, fact should be so stated above.