

FILED JUN 11 1942
399

Registration District No. _____ Primary Registration District No. **1002**

48
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8

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

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **St. Joseph's**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **2 Days**
 In this community **15 Years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **724 Bennington**
 (e) Citizen of foreign country? **Yes**
 If yes, name country **England**

3. (a) PRINT FULL NAME **WILLIAM B. CHRISTOPHERSON**
 (b) If veteran, **British Army** name war **World War**
 (c) Social Security No. **187-05-3806**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **31**
 year **1942** hour **8** minute **P.M.**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Constance**
 6. (c) Age of husband or wife if alive **39** years
 7. Birth date of deceased **July 19, 1900**
 (Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
41 **10** **12** hr. min.

Immediate cause of death
Diffuse Subarachnoid Hemorrhage
Hypertensive myocardial infarction
 Other conditions **93R**
 (Include pregnancy within 3 months of death)

9. Birthplace **Cumberland** **England**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Steel Worker**
Sheffield Steel Mill

MOTHER FATHER
 11. Industry or business _____
 12. Name **Unknown**
 13. Birthplace **England**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **England**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Stephens**
 (b) Address **724 Bennington**

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) **Burial** (b) Date thereof **June 2, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**
 (b) Address **Kansas City, Mo.**

23. Signature **[Signature]** (M. D. or other) **D**
 Address **[Signature]** Date signed _____
 While at work? _____ (Specify type of place)
 (c) Means of injury _____

19. (a) **6-2-42** (b) **M. M. Crowe**
 (Data received local registrar) (Registrar's signature)

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.....

J. A. Blackman

Licensed Embalmer No.....

9244

P. O. Address.....

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.