

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 101

Primary Registration District No. 5406

Registrar's No. 55

34
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Ava Lincoln Mo
(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 _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME James C. Chrestensen

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Carrie Saffia Chrestensen 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 10 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>91</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Copenhagen Denmark 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Chrestensen

13. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace Denmark 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. L. Christensen

(b) Address Ava mo R3 Bx 161

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

(c) Place: burial or cremation On Home Place

18. (a) Signature of funeral director Clinkingheard Funeral H

(b) Address Ava, Missouri

19. (a) 9-9-42 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6
year 1942 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from 9-5 to 9-5 1942

that I last saw alive on 9-5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death mitral stenosis

Due to Senile Stenosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 92

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

23. Signature J. P. Gentry (M. D. or other) _____

Address Ava Mo Date signed 9-7-42

1084

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.B. Hutchinson

Licensed Embalmer No.....

3431

P. O. Address.....

Arva Md

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.