7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31564

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 96

108
0
0

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 108
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 925 East 9th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Christensen
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 28th (Day) 1889 (Year)
8. AGE: Years 53 Months 2 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) Wisconsin 1 (State or foreign country)
10. Usual occupation Roofing
11. Industry or business
MOTHER FATHER
12. Name Edward Christensen
13. Birthplace (City, town, or county) Wisconsin 1 (State or foreign country)
14. Maiden name Sarah Johnson
15. Birthplace (City, town, or county) Iceland 4 (State or foreign country)
16. (a) Informant State Hospital Records
(b) Address Nevada, Mo
17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 9-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hospital Cem.
18. (a) Signature of funeral director Marsh Eichinger
(b) Address Nevada, Mo
19. (a) Sept 29, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25th year 1942 7 hour 0 minute P. M.
21. I hereby certify that I attended the deceased from Sept 1st, 1942 to Sept 25th, 1942 that I last saw him alive on Sept 25th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage
Due to Hypertension
Due to Cardiovascular Renal Dis
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. S. Warnick (M. D. ~~or other~~)
Address Nevada, Mo Date signed 9/25/42

1231

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1942

RECEIVED
District Health Officer No. 7
District File Number 10-42-1675
Date Filed 10-6-42

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 Mark Eckinger

Licensed Embalmer No. 216 St.

P. O. Address Neosho, 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.