

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 340

14  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution State Hospital No. 2  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 4 m 23 d  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Duettown  
(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 John Christian

3. (b) If veteran, name war 1st

3. (c) Social Security No. 21

4. Sex M. O

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rebecca Christian

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Apr 6 1838  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation None

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

12. Name Jackson Christian

13. Birthplace AK 9  
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Gibson

15. Birthplace AK 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Reverend Lem Evans

(b) Address Truett Mo

17. (a) Burial (b) Date thereof 10-23-1994  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Branch Cem

18. (a) Signature of funeral director Ph Jones

(b) Address Bellflower Mo

19. (a) 10-21-421 (b) Joie Morant  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 10/10/1942, 1942, to 10/21/1942 that I last saw him alive on 10/20/1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to Coronaryclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 930

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 George J. News (M.D. or other) MD

Address Fulton Mo Date signed 10/21/42

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

*Miss [unclear]*

**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 \_\_\_\_\_

*me*, Registered Apprentice No. *2978*  
working under my personal supervision.

Signed *Alfred H. Jones*

Licensed Embalmer No. *2978*

P. O. Address *Bellflower*

**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.

*AM*