

FILED JAN - 6 1942

Primary Registration District No. 3039 3038

Registrar's No. 39

58
21
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs
(Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Marceline Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harold Dean Christmas

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12
year 1942 hour 8 minute A.M.

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

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

7. Birth date of deceased June 27 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 10 1942 to Dec 12 1942
that I last saw him alive on Dec 12 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0 5 15 hr. min.

Immediate cause of death Lobar pneumonia 5da.

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

Due to _____

Due to _____

10. Usual occupation _____

Other conditions Pneumococci meningitis
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____
Of autopsy 108

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

MOTHER FATHER { 12. Name unknown

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

14. Maiden name Jewel B. Christmas

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

16. (a) Informant Jewel B. Christmas

(b) Address Marceline Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Dec 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation Paden Chapel

While at work? _____ (Specify type of place)
Means of injury _____

18. (a) Signature of funeral director James M. Daughler

(b) Address Marceline Mo

23. Signature John W. Calkins M.D.
Address Marceline Mo Date signed 12/12/42

19. (a) 12-14-1942 (b) N.W. Curran
(Date 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.....

Blanche M Laughlin

Licensed Embalmer No.....

1909

P. O. Address.....

Marsden 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.