

DECEASED **MAY 14 1943**

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Pepiar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Branden Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 mo. (Specify whether years, months or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Campbell "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William J. Christian

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Ruth Christian 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 23 - 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming + Fruit House

11. Industry or business _____

12. Name John Christian

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

14. Maiden name Mary Smith

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

16. (a) Informant Mr. Ruth Christian

(b) Address Campbell Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April-30-43
(Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Campbell

18. (a) Signature of funeral director James J. ...

(b) Address Campbell, Mo.

19. (a) 5-10-43 (Date received local registrar) (b) Walter ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29th year 1943 hour 7 minute 2 A.M.

21. I hereby certify that I attended the deceased from July-28th 1942 to April-29 1943 that I last saw him alive on April-28- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage gastric
Mediastinal ulcer
with perforation

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

Major findings: Of operations 117R!

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? _____ (Specify type of place)

While at work? _____ Means of injury _____

23. Signature Walter ... (M. D. or other) _____

Address Pepiar Bluff Mo. Date signed 5-2-43

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

MOTHER FATHER

340
1/14/43

MAY 18 1943
MAY 25 1943

MAY 24 1943

MAY 26 1943

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 Ed W. Sanders

Licensed Embalmer No. 2289

P. O. Address Campbell

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.