

FILED JUN 15 1943 2-6 131

Registration District No. _____ Primary Registration District No. 41964202 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Stunty
(b) City or town Spickard
(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 85 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stunty 40
(c) City or town Spickard 0
(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 _____ 0

3. (a) PRINT FULL NAME Christiana Palston

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Isaac Palston 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 31 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Pattman Co Mo.
(City, town, or county) (State of foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Winger
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Chandler
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Crowder
(b) Address Spickard Mo
17. (a) Burial (b) Date thereof Mar 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem Spunty Co Mo

18. (a) Signature of funeral director Schooler funeral Home
(b) Address Spickard Mo

19. (a) _____ (b) John Carl Kitch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 9
year 1943 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from January
1942 to Feb 22 1943
that I last saw her alive on Feb 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver Duration 6 mo.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature C. L. Mc Clanahan M. D. or other M.D.
Address Spickard Mo 429 Date signed Mar 11 43

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

40
0
0

1194

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

Ross Wise

Licensed Embalmer No.

3771

P. O. Address

Spickard 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.