

LED OCT 11 1943

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **241**

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Ferksville, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Laughlin Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **28 days** (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Linn**
(c) City or town **Brookfield, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **222 West Dake**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **W. M. Christian**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **14**
year **1943** hour **7** minute **a** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
7. Name of husband or wife **Anna Jones Christian** 6. (c) Age of husband or wife if alive _____ years
8. Birth date of deceased **March 25 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 17 1943** to **Sept 14 1943**
that I last saw him alive on **Sept 14 1943**
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	74	5	20	_____ hr. _____ min.

Immediate cause of death: **Thrombosis of leg**
Embolism
Due to _____
Due to _____

9. Birthplace **Linnco Mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Farmer**

Other conditions: **Prostatic hypertrophy**
(Include pregnancy within 3 months of death)
and uremia

MOTHER FATHER

11. Industry or business _____
12. Name **George F Christian**
13. Birthplace **Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Christian**
15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

Major findings: **Drainage of urinary bladder**
Of operations _____
Of autopsy **1370**

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

16. (a) Informant **H. H. Christian**
(b) Address **St. Catherine, Mo**
17. (a) **Burial** (b) Date thereof **Oct 15 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **McCullum**
18. (a) Signature of funeral director **W. H. McCullum**
(b) Address **South Buffalo, Mo**
19. (a) **9/17/43** (b) **Mr. J. Wagner**
(Date received local registrar) (Registrar's signature)

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 **Carl Laughlin** (M. D. or other) **D.O.**
Address **Ferksville, Mo** Date signed **9-14-43**

1644

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

RECEIVED

District Health Officer No. 10

Obituary File Number 10-43-1656

Date Filed OCT 7 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: W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Safford M.

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.