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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 17

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5374

State File No. 2651

Registrar's No. 166

**1. PLACE OF DEATH:**

(a) County De Kalb

(b) City or town Osborn Rural Colfax Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Six miles northwest of Osborn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County De Kalb 32

(c) City or town Stewartsville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Colfax Twp.
(If rural, give location)

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

If yes, name country —

**3. (a) PRINT FULL NAME** Robert Kirkum Christian

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 31 (Day) 1857 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 8 | 25 | ..... hr. ..... min. |

9. Birthplace De Kalb (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

FATHER
12. Name Anthony Christian
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Katharine Warren
15. Birthplace ..... (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Clyde Christian
(b) Address Maysville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (Month) 29 (Day) 1943 (Year)

(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville

19. (a) Dec 26 1943 (Date received local registrar) (b) O. M. Dugley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec- day 25
year 1943 hour 3 minute 30 a M.

21. I hereby certify that I attended the deceased from Dec 21, 1943, to Dec- 25, 1943 that I last saw him alive on Dec- 25, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | |
| Due to Influenza. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

33a

**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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Jr S. Gale (M. D. ~~or other~~)

Address Osborn Mo Date signed 12/29/43

1248 (Licensed Embalmer's Statement on Reverse Side)

## 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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville 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.**