

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4848

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

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Wellsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 days (Specify whether)
years, months or days

3. (a) PRINT FULL NAME VIRGEL, CLEO CHRISTIAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 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 Jan 9 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Wellsville Montgomery MO
(City, town, or county) (State or foreign country)
10. Usual occupation _____

MOTHER FATHER
11. Industry or business _____
12. Name William C. Christian
13. Birthplace Montgomery Co MO
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Purdy
15. Birthplace Montgomery Co MO
(City, town, or county) (State or foreign country)
16. (a) Informant William C. Christian
(b) Address Wellsville MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1944
(Month) (Day) (Year)
(c) Place: burial or cremation New Hope MO
18. (a) Signature of funeral director W. K. Kuhn
(b) Address Wellsville MO
19. (a) Jan 20 - 1944 (Date received local registrar) Mrs. Virgie Norton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Montgomery
(c) City or town Wellsville MO
(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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 28 year 1944 hour 7 minute _____ M.
21. I hereby certify that I attended the deceased from Jan 16 1944 to Jan 18 1944
that I last saw him alive on Jan 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
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 J. J. Baird (M. D. or other) _____
Address Wellsville Date signed 1-20-44

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.

This body not embalmed
Signed *[Signature]*

Licensed Embalmer No. *3059*

P. O. Address. *Wellsville 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.