

FILED APR 6 1944  
Registration District No. 252

Primary Registration District No. 6193

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

1. PLACE OF DEATH:

(a) County Taney (Osiney)  
 (b) City or town Osiney  
 (c) Name of hospital or institution Home Sup  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney  
 (c) City or town Osiney  
 (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 ROBERT CECIL CHRISTIAN  
 (b) If veteran, name war NO  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2  
 year 1944 hour 9:40 minute AM  
 21. I hereby certify that I attended the deceased from March 1  
 1944 to March 11 1944  
 that I last saw h.l.n. alive on March 1 1944  
 and that death occurred on the date and hour stated above.

4. Sex M Color or race W  
 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 (Day) (Year)

Immediate cause of death Chromatic fever 38 days  
Measles 10 days

7. Birth date of deceased FEB 16 1934  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 - 14 hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Taney Co MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business \_\_\_\_\_

Major findings: 35  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

MOTHER FATHER

12. Name Benjamin Christian  
 13. Birthplace Mo. Co. Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Esther Marie Taylor  
 15. Birthplace Taney Co. Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Benjamin Christian  
 (b) Address Branson Mo.

17. (a) Burial (b) Date thereof 3-3-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt Grove Cem.

18. (a) Signature of funeral director Homer Hodge  
 (b) Address Branson Mo.

19. (a) 3/3/44 (b) Oray Muller  
 (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 Paul P. Potts (M. D. or other) DO  
 Address Branson Mo. Date signed 3/3/44

RECEIVED

District Health Officer No. 6

Case No. 444-412

Date Filed APR 3 1944

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**