

FILED MAY 8 1944

Registration District No. 22

Primary Registration District No. 4338

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

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
226 Second St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL.")
(d) Street No. 226 Second St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Albert Christian

3. (b) If veteran, name war None
3. (c) Social Security No. 490-01-8253

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Ethel
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased April 21 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 II 28 hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business Robey Robinson Lumber Co

MOTHER FATHER { 12. Name Joseph Christian
13. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Reimert
15. Birthplace Harrisburg Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian E Christian
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof 4/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremations St. Jukes Monroe City

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo
19. (a) Apr 22-44 (b) Otto Hedberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th
year 1944 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-17-
4-19- 1944 to 4-19- 1944
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Arterial hemorrhage 5 Hours
Duration

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 83a!
Of operations _____
Of autopsy _____
PHYSICIAN

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 F. J. Linneman (M. D. or other) D.D.
Address Monroe City, Mo Date signed 4/22/44

RECEIVED

District Health Officer No. 10

District File Number 5-44-860

Date Filed MAY 5 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 By me

....., Registered Apprentice No.
working under my personal supervision.

Signed L. L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.