No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 147

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16957

Primary Registration District No. 1002

Registrar's No. 2110

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 15 yrs — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 717 W. 16 St. 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charlotte Christman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widow

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

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

7. Birth date of deceased Dec-25-1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
89	4	20	hr. min.

9. Birthplace North Carolina 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Leadville
13. Birthplace N-C 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace N. C — 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ella B. Arta
(b) Address 717 - West 16 st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-19-44 (Month) (Day) (Year).
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 5-16-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 15
year 1944 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 13, 1944 to May 15, 1944
that I last saw her alive on May 15, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive cardio vascular disease Heart block	
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 A. E. Upsher (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 5-16-44

(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 Wm K Jackson

Licensed Embalmer No. 39554

P. O. Address: K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.