

FILED NOV 4 1944

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph, Mo.
(c) Name of hospital or institution:
2318 Francis
(d) Length of stay: In hospital or institution
In this community one week /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph Mo.
(d) Street No. 2318 Francis
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Henry W. Christy
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Bertie
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased. January 27 1978

8. AGE: Years 66 Months 9 Days 4 If less than one day 12 hr. min.

9. Birthplace Hancock, Ill.

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER

12. Name Henry Daniel Christy
13. Birthplace Hancock Co Ill.
14. Maiden name Emma Head
15. Birthplace Ill.

16. (a) Informant Lester Christy
(b) Address St Joseph, Mo.

17. (a) (b) Date thereof Nov 2 44
(c) Place: burial or cremation Stewartville Mo.

18. (a) Signature of funeral director T. G. Lyon
(b) Address Stewartville Mo.

19. (a) 11-1-44 (b) Helen A. Fickel

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1944 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Oct. 25, 1944, to Oct. 31, 1944, that I last saw him alive on Oct. 31, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral emboli
Due to Chronic endocarditis

Duration 4wks. 2yrs.

Other conditions: g2d
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. R. Elliott (M. D. or other) M.D.
Address 1017 Francis, St. Joseph, Mo. Date signed 10-31-44

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

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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. Brown*
Licensed Embalmer No. *957-*
P. O. Address *Stewartville 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.