

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

1. PLACE OF DEATH:
 (a) County Miller
 (b) City or town Etterville (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Salina Hwy
(If not in hospital or institution, write street number or location)
 (d) Length of stay: 4n hospital or institution (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Miller
 (c) City or town Etterville (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME David Christian
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23
 year 1945 hour 11 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elyvina 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 15, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15 1945 to 3-23 1945
 that I last saw him alive on 2-16 1945
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>88</u> | <u>1</u> | <u>8</u> | hr. _____ min. _____ |

Immediate cause of death: Chronic myocarditis
chronic nephritis
 Due to _____
 Due to _____

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

11. Industry or business _____
MOTHER FATHER { 12. Name John Christian
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: 93d
 Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. Christene Somokrosky
 (b) Address Etterville, Missouri
 17. (a) Burial (b) Date thereof 3-26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Mt. Pleasant Cemetery
 18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Eldon, Missouri
 19. (a) 3-26-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M., D. or other)
 Address [Signature] Date signed 3-26-45

1114

RECEIVED

Miller County Health Dep't.

County File Number 45-27

Date Filed 4-5-45

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.....

..... Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips
Licensed Embalmer No..... 3663

P. O. Address..... Eldon

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.