

S. No. 2
OM-5-43
EV. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12043

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Wright
(b) City or town NORWOOD Rural
(c) Name of hospital or institution: Mountain Grove Th.
(d) Length of stay: In hospital or institution no
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright
(c) City or town Norwood Rural
(d) Street No. Mountain Grove Th.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Michael M. Christner
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1 year 1946 hour 1:00 minute 28 M.
21. I hereby certify that I attended the deceased from Feb 28 to 19 1946 to 20 1946
that I last saw him alive on Nov 21 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife NANNIE CHRISTNER
6. (c) Age of husband or wife if alive ✓ years

Immediate cause of death Myocardial Infarction
Due to arteriosclerosis
Due to Ita

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 84 Months 1 Days 29 If less than one day hr. min.

Other conditions: Ita
(Include pregnancy within 3 months of death)

9. Birthplace Davis County, Nebraska
10. Usual occupation Retired farmer
11. Industry or business
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy 927

16. (a) Informant Arthur CHRISTNER
(b) Address Wauwata, Nebraska
17. (a) Burial (b) Date thereof 3/4/46
(c) Place: burial or cremation Union Chapel
18. (a) Signature of funeral director Russell Barber
(b) Address Mt. Grove, Mo.
19. (a) 3-20-45 (b) A. L. Ames
(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 [Signature] (M. D. certificate)
Address Norwood, Mo. Date signed 3/6 1946

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

1995A

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(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.....

R. W. Barber

Licensed Embalmer No. *3848*

P. O. Address *Mt. Hope 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.