

FILED JUN 10 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 5132

Registrar's No. 604

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town RURAL, Wayne Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R.F.D. # 6 St. Joseph
 (If not in hospital or institution, write street number or location) Lifetime
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
 (c) City or town St. Joseph (Rural) d
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 6 a
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CHARLES WILLIAM CHRISTY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 14, 1888
 (Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 8 If less than one day hr. _____ min.

9. Birthplace Fairberry, Nebraska
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Self

12. Name Gabe Amos Christy

13. Birthplace Terre Haute, Indiana
 (City, town, or county) (State or foreign country)

14. Maiden name Barbara Hughes

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Christy (Brother)

(b) Address R.F.D. # 6, St. Joseph, Mo

17. (a) Burial (b) Date thereof 5/24/46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Phyllis C. [Signature]

(b) Address 6054 Pryor Ave., City

19. (a) May 27, 1946 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 18, 1946, 19____, to May 22, 1946, 19____;
 that I last saw him alive on May 22, 1946, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dehydration Duration 2 wks
Ch alcoholism 6 mo

Due to _____
 Due to _____

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

Major findings: 270
 Of operations _____
 Of autopsy _____

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. or other) _____
 Address 737 See am Date signed 5/23

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

MOTHER FATHER

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..... *John E. Rupp*

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.