

FILED JUN 28 1946

Registration District No. 137

Primary Registration District No. 2023

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(c) Name of hospital or institution:
223 W Channel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether) Life
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 223 W Channel 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Sterling P. Christian

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of ~~deceased~~ wife Nannie Christian 6. (c) Age of husband or wife if alive 90 years
7. Birth date of deceased 7 6 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Windsor Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W Christian
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Wend Blythe
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Stone
(b) Address Clinton Mo

17. (a) Autopsy (b) Date thereof 6 22 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Oak cem

18. (a) Signature of funeral director Fred Williamson

(b) Address Clinton Mo

19. (a) 6-21-46 (b) R. B. Ramsey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1946 hour 12 minute 08 P.M.

21. I hereby certify that I attended the deceased from 1943
to June 20 1946

that I last saw him alive on June 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Senility

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 97

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 2

23. Signature Ernest Ward (As to other) NO

Address Clinton Mo Date signed June 24

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

RECEIVED

Order No. 7;
5-26-42
6-26-46
Date Filed

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 Frederick W. Kussoc

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.