S. No. 2
M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26452

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 277

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 313 West 6th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CALLAWAY 14

(c) City or town FULTON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 313 West 6th St. 2
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME LINDA CHRIST

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE 1

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE U

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept. (Month) 21 (Day) 1867 (Year)

8. AGE: Years 78 Months 10 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace FULTON (City, town, or county) MO (State or foreign country) U

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name LOUIS CHRIST
13. Birthplace BURBACH (City, town, or county) PRUSSIA (State or foreign country) U

MOTHER
14. Maiden name SOPHIA PFEIFER
15. Birthplace BURBACH (City, town, or county) PRUSSIA (State or foreign country) X

16. (a) Informant MRS J.C. HUMPHERYS

(b) Address FULTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 13, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation HILL CREST FULTON, MO

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court Fulton, Mo.

19. (a) Aug. 13, 1946 (Date received local registrar) (b) Josie Morsul Choff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12, year 1946 hour ± 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 1/7, 1945, to 8/12, 1946, that I last saw her alive on 8/9/, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis (arteriosclerotic) with hypertension + decompensation	± 1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Bilat. Pyelitis (Staphylococcus)	1½ yrs

Major findings:
Of operations none
Of autopsy none

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury ..... U

23. Signature Henry Durst (M. D. or other) M.D.

Address Fulton, Mo. Date signed 8/12/46

38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-46-36
Date Filed 9-4-46

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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.