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

32150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33352

Registration District No. 137 Primary Registration District No. 4214 Registrar's No. 199

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Deepwater (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Deepwater, Mo (If outside city or town limits, write "RURAL")
(d) Street No. ~~Farm~~ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nellie Christenson
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Christ Christenson 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Nov 30 - 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	20	hr. min.

9. Birthplace Grain Valley (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name Joseph Thomas 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah McKessen
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Marshall J. McAlexander
(b) Address R#1 Lees Summit Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington KC Mo
18. (a) Signature of funeral director Tom [illegible]
(b) Address Deepwater Mo
19. (a) 10-20-46 (Date received local registrar) (b) R. R. Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1946 hour 8 minute 50 A.M.
21. I hereby certify that I attended the deceased from 10-13-46, 19 , to 10-20 —, 1946
that I last saw her alive on 10-19, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Insufficiency	
Due to Hypertrophied Liver	
Due to	

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

1253 B

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 2
23. Signature J. C. R. Townsend ~~(M.D.~~ or other) DO
Address Deepwater Mo Date signed 10-21-46

120 (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 Tom Hurst

Licensed Embalmer No. 2282

P. O. Address Greenwater, Wa.

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.