

FILED NOV 22 1946

State File No. _____

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 251

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Howard 4
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES GLENN CHRISTNER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1

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

7. Birth date of deceased aug 5 - 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 18 hr. min.

9. Birthplace Boonville mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Harold Christner

13. Birthplace Hamilton Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name Esther Maxwell

15. Birthplace New Franklin mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Christner

(b) Address New Franklin mo

17. (a) Removal (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashtland cemetery

18. (a) Signature of funeral director A. S. Duncan

(b) Address New Franklin mo

19. (a) 9-23-46 (b) Clay Mason
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1946 hour 4 minute AM

21. I hereby certify that I attended the deceased from Sept 16
1946 to Sept 22 1946
that I last saw him alive on Sept 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
congenital valvular stenosis
obstruction in posterior both
urethra

Due to _____
Due to 15 PM

Other conditions uremia, urinary
(Include pregnancy within 3 months of death) obstruction; partial

Major findings:
Of operations megalo-ureters
Of autopsy dilated ureters
R+L, marked

Duration
since
birth
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) no
(b) Date of occurrence no
(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?
none

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. Chamberlain (M. D. or other) 0
Address New Franklin Date signed 9-25-46

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

352238

RECEIVED

District Health Officer No. **8**

District File Number.....

Date Filed **11-16-46**

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 *H. L. Hall*

Licensed Embalmer No. **3515**

P. O. Address *New Franklin St*

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.