

DEPARTMENT OF COMMERCE  
FILED JAN 27 1947THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43455

Registration District No. 99

Primary Registration District No. 3077

Registrar's No. 82

## 1. PLACE OF DEATH:

- (a) County DeKalb  
 (b) City or town King City (Rural)  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(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)

3. (a) PRINT NAME THOMAS NEWTON CHRISTIAN

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

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

- (b) Name of husband or wife DORA MAUD CHRISTIAN (c) Age of husband or wife if  
 alive 57 years

7. Birth date of deceased JUN 13 1887  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 5 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name HENRY CHRISTIAN

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

14. Maiden name SALLIE SLOAN

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

16. (a) Informant Mrs. Maud Christian

- (b) Address King City MO RFD.

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

- (c) Place: burial or cremation BUTLER CEMETERY

18. (c) Signature of informant PAUL FUNKERL HOME

- (b) Address 1720-46 MAYVILLE PI.

19. (a) 17-20-46 (b) Paul Funkerl  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County DEKALB  
 (c) City or town KING CITY, R.F.D.  
 (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.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18  
 year 1946 hour 5 minute P.M.

21. I hereby certify that I attended the deceased from  
Jan, 1946, Dec 18, 1946  
 that I last saw him alive on Dec 1, 1946  
 and that death occurred on the date and hour stated above.

- Immediate cause of death Coronary Occlusion Duration 5 min

- Due to

- Due to

- Other conditions  
 (Include pregnancy within 3 months of death)

- Major findings:  
 Of operations

- Of autopsy

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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) (c) Means of injury.

23. Signature E. M. Reynolds (M. D. or other)  
 Address Union Star Mo Date signed Jan 47

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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

Licensed Embalmer No. **3960**

P.O. Address **Marionette, 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.**