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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 14 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Registrar's No. **1477**

Registration District No. **199** Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1214 Monroe**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

48  
3  
8  
0

3. (a) PRINT FULL NAME **Roy Luther Christy**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **3 27 1947**  
(Month) (Day) (Year)

8. AGE: Years **0** Months **0** Days **1** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_

12. Name **Luther Arden Christy**

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

14. Maiden name **Violet Kurtz**

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

16. (a) Informant **Mr. Luther Arden Christy**

(b) Address **1214 Monroe**

17. (a) **Burial** (b) Date thereof **3-30-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Florence, Missouri**

18. (a) Signature of funeral director **Mrs. C.L. Forster**  
(b) Address **Kansas City, Missouri**

19. (a) **3-30-47** (b) **Heraldine Holme**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **3** day **28** year **47** hour **11** minute **03 P.M.**

21. I hereby certify that I attended the deceased from **4:20 P.M. 3-27** to **11:03 P.M. 3-28 1947** that I last saw him alive on **11:03 P.M. 3-28 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **INTRA-ABDOMINAL HEMMORRAGE** Duration **24 HRS.**

Due to **HEMORRAGE OF LIVER** **24 to 30 HRS.**

Due to **DIFFICULT LABOR** **16 HRS.**

Other conditions **NONE**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **100C** Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature **H.V. Culp, D.D.** (M. D. or other) **2**  
Address **2202 E. 31st** Date signed **3-29-47**

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

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**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

*Carl Sand Muro*

Licensed Embalmer No.

*3414*

P. O. Address

*918 Brooklyn*

**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.**