

S. No. 2
1-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21363**

FILED **JUL 10 1947**
Registration District No. **2001**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution: **Freeman Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days)

In this community **57 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Joplin** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **505 Glenview** **5**
(If rural, give location)

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

If yes, name country **No**

3. (a) PRINT FULL NAME **Susan E. Christman**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 6**, day **1947**
year **1947**, hour **6-00 A.M.** minute _____ M

4. Sex **Female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow**

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

7. Birth date of deceased **Oct. 10, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 17** to **June 6, 1947**
that I last saw **live on June 6, 1947** and that death occurred on the date and hour stated above. **Duration 47**

8. AGE: Years **78** Months **7** Days **27** If less than one day _____ hr. _____ min.

Immediate cause of death **Carcinomatous Primary Cancer of Bladder**

Other conditions **h'd**
(Include pregnancy within 3 months of death)

Major findings of operation **Carcinoma of bladder**

Of autopsy **bladder**

9. Birthplace **Dubuque Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

11. Industry or business _____

12. Name **Alonzo Cragin**

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

14. Maiden name **Euphonia Graham**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence _____

16. (a) Informant **J. Harold Cragin**

(b) Address **Cohnor Hotel, Joplin, Mo.**

17. (a) **removal** (b) Date thereof **June 7, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dubuque Iowa**

(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 _____

18. (a) Signature of funeral director **Hurlbut Und. Co.**

(b) Address **Joplin Mo.**

19. (a) **6-7-47** (b) **Solomon Sampson**
(Date received local registrar) (Registrar's signature)

23. Signature **W. J. Dell** (b) for other) _____

Address **Joplin Mo.** Date signed **6/6/47**

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

MOTHER FATHER

47-6-549

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

Ferry K. Hurlbut

Licensed Embalmer No. *959*

P. O. Address *Japan Wap*

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.