

FILED JUL 34 1947

State File No.

Registration District No.

Primary Registration District No. 3075

Registrar's No.

80

1. PLACE OF DEATH:

(a) County Stoddard
 (b) City or town Dexter
 (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 whetherIn this community
years, months or days)3. (a) PRINT FULL NAME Margaret L. Christian

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife James Christian 6. (c) Age of husband or wife if alive years7. Birth date of deceased Oct. 5 1879
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 8 14 hr. min.9. Birthplace Idalia Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business

12. Name Thomas L. Wilson13. Birthplace Champaign County, Illinois
(City, town, or county) (State or foreign country)14. Maiden name Martha A. Burd15. Birthplace Dark County Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Jimmy Stroud(b) Address Dexter, Missouri17. (a) Burial (b) Date thereof 6-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bluff Cemetery18. (a) Signature of funeral director Strickland-Rainey(b) Address Dexter, Missouri19. (a) 6/22-47 (b) Margaret Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Dexter 3
(If outside city or town limits, write "RURAL")(d) Street No. 1
(If rural, give location)

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

If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 1 minute 0 A.M.21. I hereby certify that I attended the deceased from 6 Jan 1947
21, 1947, to 17 June, 1947
that I last saw him alive on 17 June, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma

Duration

2 years

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:

(c) 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 J L Waddell (M. D. or other) MDAddress Dexter Mo Date signed 20 June 1947

Registration District No. 341

Primary Registration District No. 2075

1. PLACE OF DEATH: Stoddard Dexter
(a) County Stoddard
(b) City or town Dexter
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 Margaret J. Christian
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 1980
year _____ month _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

Immediate cause of death Generalized
circumatoric primary
in night parotid gland
Due to _____
Due to _____

8. AGE: Years 67 Months 8 Days 27 If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (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) _____
(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 _____

16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) _____ (Registrar's signature)

23. Signature J L W addl (M. D. or other) MD
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

23125