M—1/47
v. 5-17-39

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

National Office of Vital Statistics

FILED SEP 5 1947

Registration District No. 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28365

Primary Registration District No. 5764

Registrar's No. 57

1. PLACE OF DEATH:
(a) County MARION
(b) City or town Rural Warren Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Palmyra Route 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 11 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Palmyra Mo Route 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME WILLIAM FRANKLIN CHRISTY
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 MARRIED
6. (b) Name of husband or wife LULA B.
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased September (Month) 22 (Day) 1879 (Year)

8. AGE: Years 67 | Months 11 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Randolph County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....

MOTHER FATHER
12. Name William Morgan Christy
13. Birthplace Virginia (City, town, or country) (State or foreign country)
14. Maiden name Sally Turner
15. Birthplace Virginia (City, town, or country) (State or foreign country)

16. (a) Informant Mrs Lewis Christy
(b) Address College Mound, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hebron Cemetery Macon Co
18. (a) Signature of funeral director Wilson & Son
(b) Address Monroe City, Mo
19. (a) 8-30-47 (Date received local registrar) (b) Viola Geer, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1947 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombois	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature James O'Donnell Coroner (M. D. or other)
Address Hannibal Mo Date signed .....

Jefferson City Printing Co. 189 (Licensed Embalmer's Statement on Reverse Side)

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Lucie L. Nelson

Licensed Embalmer No. 3017

P. O. Address Clemmons City 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.