S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1947

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. [redacted] 5007

State File No. 33582

Registrar's No. 302

1. PLACE OF DEATH:

(a) County: Ralls

(b) City or town: Rural - Salt River Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(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: 62 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Adair

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 3 mi. North - Brashear
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: ODELIA A. CHRISTENSEN

3. (b). If veteran, name war .....

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

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband ~~or wife~~: Wm Christensen

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: August (Month) 17 (Day) 1885 (Year)

8. AGE: Years: 62 Months: 2 Days: 8 If less than one day: ..... hr. ..... min.

9. Birthplace: Adair Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

MOTHER FATHER

12. Name: William C. Clarkson

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

14. Maiden name: Amaliza Lackey

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

16. (a) Informant: Mrs Christensen

(b) Address: Brashear, Mo.

17. (a) ~~Oct 29 1947~~ (Burial, ~~cremation or removal~~) (b) Date thereof: Oct 27 1947 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Lebbeus Home Cem.

18. (a) Signature of funeral director: Foster R. Ganey

(b) Address: Brashear, Mo.

19. (a) 11-8-47 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 25 year: 1947 hour: 10 minute: 30 A.M.

21. I hereby certify that I attended the deceased from October 13 1947 to October 25 1947 and that death occurred on the date and hour stated above.

that I last saw h. alive on October 22 1947

Immediate cause of death	Duration
Myocardial degeneration with dilitation	2 wks.
Due to: Chronic Myocarditis	1 year
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 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: Howard E. Grove (M. D. or other)

Address: Kirksville, Mo. Date signed: Nov. 7 1947

(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1947

RECEIVED
District Health Officer No.
District Number 11-47-13
Date Filed NOV 11 1947

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 Richard B. Kelly, Registered Apprentice No. K67, working under my personal supervision.

Signed Geo. B. Emery Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland, 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.