

No. 2  
1/47  
7-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7867

State File No. ....

National Office of Vital Statistics  
FILED APR 12 1948

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 394

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1110 So. 15th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1110 So. 15th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME George E. Christman

3. (b) If veteran No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ella Christman 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased August 2 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 29 If less than one day

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

10. Usual occupation Retired

11. Industry or business C. D. Smith Drug Co.

12. Name Henry Christman

13. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Mary Henneger  
15. Birthplace Unknown Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Christman

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4/3/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Neaton Bowman  
(b) Address St. Joseph, Mo.

19. (a) 4-3-48 (b) E. G. Jenkins (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1948 hour 9 minute -- A.M.

21. I hereby certify that I attended the deceased from 1948 to March 31 1948 and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death Cerebral hemorrhage

Due to arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy

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? (c) Means of injury  
23. Signature Colles Roundy (M. D. or other)  
Address 2307 Parkwood Ave Date sig April 1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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 James B. Hawkins, Registered Apprentice No. 27 working under my personal supervision.

Signed.....

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph, 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.