S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8629

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1323

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kas C-ty Tuberculosis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs - 9 mo - 15 d (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1012 Cherry (If rural, give location)
(e) Citizen of foreign country? Unk (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Christiansen
3. (b) If veteran, name war: None
3. (c) Social Security No. 496-05-7137
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 16 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
61	9	17	hr. min.

9. Birthplace: Copenhagen (City, town, or county) Denmark (State or foreign country)
10. Usual occupation: Cook
11. Industry or business: Jo Eubank - 921 E. 12th
12. Name: Hans Christianson
13. Birthplace: Denmark (City, town, or county) (State or foreign country)
14. Maiden name: William Hansen
15. Birthplace: Denmark (City, town, or county) (State or foreign country)
16. (a) Informant: Kas. City Tuberculosis Hosp
(b) Address: Kansas City - Mo
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 3-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Western Dental College
18. (a) Signature of funeral director: Weilert Funeral Home
(b) Address: Kansas City, Missouri
19. (a) 3-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1948 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from May 18, 1942 to March 3 1948 that I last saw him alive on " " " 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
F.A. Tuberculosis	7 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

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: William David May (M. D. or other) MD
Address: K. C. 3, Mo. Date signed 3-2-48

Jefferson City Printing Co.

(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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Blaine E. Wright

Licensed Embalmer No. 4028

P. O. Address K. C. 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.