

FILED SEP 7 1948 42

Registration District No. _____

Primary Registration District No. **15134**

Registrar's No. **926**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph (rural) Wash. Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **R.F.D. # 6, 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 years**
 (Specify whether years, months or days)
 In this community **25 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
 (c) City or town **St. Joseph (rural)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **R.F.D. # 6, Washington Twsp.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **ARTHUR J. CHRISTY**

3. (b) If veteran, name war **W.W. # I** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Gladys** 6. (c) Age of husband or wife if alive **dead** years
 7. Birth date of deceased: **January 26, 1891**
 (Month) (Day) (Year)

8. AGE: Years **57** Months **7** Days **5** If less than one day hr. min.

9. Birthplace **Terre Haute Indiana**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Ex - Policeman**
 11. Industry or business **St. Joseph Police Dept.**

12. Name **Gabe Amos Christy**
 13. Birthplace **Terre Haute Indiana**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Barbara Hughes**
 15. Birthplace **Fairbury Nebraska**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L.E. McKown**
 (b) Address **R.F.D. # 6, City**

17. (a) **Burial** (b) Date thereof **9/2/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cen.**

18. (a) Signature of funeral director **John E. Schupp**
 (b) Address **6054 Pryor Ave., City**

19. (a) **9-2-48** (b) **B. B. Jenkins**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **31,**
 year **1948** viewed **2** minute **:00 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 31st**, 19**48**, to _____, 19____;
 that I last saw him **alive** on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cerebral Apoplexy**

Duration

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 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? **Yes**
 (e) Means of injury **Coroner**
 23. Signature **B. W. Tadlock** (M. D. or other)
 Address **KING HILL BIDG** Date signed **9/1/48**

MOTHER FATHER

WRITE PRINTED IN USE ON FRONT SIDE OF THIS FORM

NOV 24 1948

SEP 8 1948

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.....

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *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.