

FILED DEC 7 1948

State File No. \_\_\_\_\_

Registration District No. 24

Primary Registration District No. 5117

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Rural Cedar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Askland RFD 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Askland RFD. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura P. Christain

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Thadous Christain 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Sept 16 1880 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name T. B. Blithe  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Catharine Harris  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Thadous Christain  
(b) Address Askland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-1948 (Month) (Day) (Year)  
(c) Place: burial or cremation MT Pleasant Cem.

18. (a) Signature of funeral director W. C. Burnett  
(b) Address Askland Mo.

19. (a) 11-25-48 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 11 day 22 year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from noon 1 1948 Nov 22 1948 that I last saw him alive on Nov 22 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 920

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) (c) Means of injury \_\_\_\_\_

23. Signature H. B. Fryer (M. D. or other) Address Askland Mo Date signed 11-25-48

WRITE PLAINLY—USE 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.....

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

Signed *Wm E Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashtabula 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.**