

FILED JAN 10 1949

Registration District No. **100**

Primary Registration District No. **4427**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Pulaski**
 (b) City or town **Waynesville, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)
 In this community **Has lived here for some time**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
 (c) City or town **Waynesville,**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Leo Crist**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **5** **23** **1883**
(Month) (Day) (Year)

8. AGE: Years **65** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Akron** **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Handyman in resturant**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Crist**
 { 13. Birthplace **unknown** (City, town, or county) (State or foreign country)
 { 14. Maiden name **unknown**
 { 15. Birthplace **unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **George Edward Crist**

(b) Address **400 N. St. Francis Witchataw K**

17. (a) **Removal** (b) Date thereof **12-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bradford Cemetery**

18. (a) Signature of funeral director **Hedger Funeral Home**

(b) Address **Waynesville, Mo**

19. (a) **1-7-49** (b) **Thelma C. Buckthorpe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **19**
 year **48** hour **7:35** minute **P** M.

21. I hereby certify that I attended the deceased from **12-9-** 19**48** to **12-19-** 19**48**
 that I last saw him alive on **12-19-** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach** **1yr**
 Duration

Due to _____

Due to _____

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

Major findings: Of operations **4/6**
 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 **(D)**

23. Signature **E. Miller, MD** (M. D. or other) _____

Address **Waynesville, Mo** Date signed **12-19-48**

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

1951

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.....

Walter P. Hedger....., Registered Apprentice No.....
working under my personal supervision.

Signed *Walter P. Hedger*.....

Licensed Embalmer No. *4265*.....

P. O. Address *Meriv, Md.*.....

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.