

0.2
8-43
7-39
K37823

FILED JAN 24 1948

State File No. _____

Registration District No. 86

Primary Registration District No. 5328

Registrar's No. _____

1. PLACE OF BIRTH:

(a) County Crawford - Liberty

(b) City or town Leasburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Crawford

(c) City or town Leasburg
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE FLEICHER CHRISTOPHER

(b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1948 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from February, 1947 to Nov. 16, 1948
that I last saw h.f.m. alive on Nov 16, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive 78 1/2 years

7. Birth date of deceased 11 - 8 - 1866
(Month) (Day) (Year)

Immediate cause of death Uremia Duration week

8. AGE: Years 82 Months 0 Days 11
If less than one day hr. _____ min. _____

Due to gaugrenous infection of extremities 3 mos.

Due to Advanced arteriosclerosis

9. Birthplace Crawford Co., Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Charles Wesley Christopher

Of autopsy _____

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

14. Maiden name Mary Avery

15. Birthplace Leasburg, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Amy Christopher

(b) Address Leasburg, Mo.

17. (a) Burial (b) Date thereof 11-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leasburg, Mo. - Ebenezer

18. (a) Signature of funeral director Bouyer

(b) Address Bouyer

19. (a) 11/21/48 (b) Louis Pultoney
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature James H. Beth (Pl. Doc. other)

Address Bourbon, Mo. Date signed 11/20/48

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

Norman C. Hoener, Registered Apprentice No. 445
working under my personal supervision.

Signed

Elbert E. Long

Licensed Embalmer No.

3504

P. O. Address

Boston, Ma

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.

2/15/11