

13-40
17-39
23159

FILED FEB 5 1948

Registration District No. 7

Primary Registration District No. 3023

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Henry

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

(c) Name of hospital or institution: 325 n 2nd st 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 45 years
years, months or days

3. (a) PRINT FULL NAME JAMES SWALEH, CHRISTIAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Tully Christian

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased may 9 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 8 14 hr. min.

9. Birthplace Benton Co mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name David Christian

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

14. Maiden name Anna Walsh

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

16. (a) Informant Mrs J. Christian

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Care

18. (a) Signature of funeral director Consalust Beck

(b) Address Clinton Mo

19. (a) 1-28-48 (b) R. H. Remeg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Clinton 1
(If outside city or town limits, write "RURAL")

(d) Street No. 325 n 2nd st 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 15 - 25, 1948
Jan 15 - 16, 1948
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Endarteritis
Hypertension
Arthritis P.H.R.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 99

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 5

23. Signature E. C. Puler (M.D. or other) M.D.
Address Clinton Mo Date signed 1/25/48

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

FEB 6 1948

RECEIVED

District Health Officer No. 7

Case File Number 1-48-15
Date Recd 2-3-48

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 R R Kenney
Licensed Embalmer No 3899
P. O. Address Clinton 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.