WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

OCT 19 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31737
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew — Registration District No. 13
(b) Township — Primary Registration District No. 4010 — Registered No. 58
(c) City Savannah — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Agusta Christianson
(a) Residence, No. Savannah Mo. St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widdowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John C. Christianson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July I4 I860

7. AGE: 79 YEARS — MONTHS: 2 — DAYS: I5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown Ill.

FATHER
13. NAME George Genther
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

MOTHER
15. MAIDEN NAME Margrete Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) Mrs. Willis Wright Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bennett Lane DATE Oct, I I939

19. FUNERAL DIRECTOR (ADDRESS) E. C. Breit Savannah Mo.

20. FILED Sept. 30, 1939 Mrs. Jennie Rash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 29 I939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept 29, 1939
I last saw her alive on Sept 28 1, 1939. Death is said to have occurred on the date stated above, at I;I5 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Gallbladder 4b

Other contributory causes of importance:

Anastomosis to Stomach

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Walter C. Myers, M. D.
934 (Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 1039-1304
Date Filed OCT 10 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)