

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.

Registration District No. 10782

Primary Registration District No. 200

Registrar's No. 1696

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Robertson Mo

(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 _____)

In this community Sixteen years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howe

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

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

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Benjamin Christopher 623

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1939 hour 14 minute A M.

21. I hereby certify that I attended the deceased from Sept 4 1939, to Sept 25 1939

that I last saw him alive on Sept 24 1939 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Virginia Christopher

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased December 11, 1883

Immediate cause of death Carcinoma of liver

Due to _____

Due to 46

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

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>9</u>	<u>14</u>	_____ hr. _____ min.

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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

10. Usual occupation Laborer

11. Industry or business None

12. Name William Henry Christopher

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

14. Maiden name Unknown (City, town, or county) (State or foreign country)

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

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 [Signature] (M. D. or other) _____

Address 10 Has... Date signed 9-26-39

16. (a) Informant's own signature Virginia Christopher

(b) Address Fairview Ave, Robertson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30/39 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Brothers

(b) Address 1018 1/2 Stanzas, So Kinloch Mo.

19. (a) SEP 27 1939 (Date received local registrar) (b) [Signature] (Registrar's signature)

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.....

Licensed Embalmer No.

P. O. Address.....

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, above space should be left blank.