MAY 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14653

Registration District No. 197 Primary Registration District No. 5276 Registrar's No. 20

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

1. PLACE OF DEATH:
(a) County Clay Gallatin
(b) City or town No Kansas City Mo R4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No Kansas City Mo R4 (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town North Kansas City Mo
(If outside city or town limits write "RURAL")
(d) Street No. Rural Route #4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MERION ADA CHRISTENSEN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe
5. Color or race Wht
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife THEODORE C. CHRISTENSEN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 9 (Day) 1894 (Year)

8. AGE: Years 46 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Wm J. Stewart
13. Birthplace Warsaw (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Mary E. Borden
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Mrs Mildred Rice
(b) Address No Kansas City Mo R4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington
18. (a) Signature of funeral director Morton Funeral Home
(b) Address No Kansas City Mo
19. (a) 4-23-40 (Date received local registrar) (b) John S Morton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1940 hour 11 minute 25 A.M.
21. I hereby certify that I attended the deceased from December, 1939, to April 23, 1940;
that I last saw her alive on April 23, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Double Labor Pneumonia	24 Hours
Due to Carcinoma of brain	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature G. E. Darrow (M. D. or other) DO
Address Indep., Mo. Date signed 4/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-14-40

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. 3605

P. O. Address N. Kansas City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.