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DEPARTMENT OF COMMERCE, MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE DEATH
STANDARD CERTIFICATE OF DEATH

14401

State File No. _____

Registration District No. 260

Primary Registration District No. 3362

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb

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

(c) Name of hospital or institution: - 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 50 yrs. years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb

(c) City or town Rural Colfax Twp.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dora Lee Christian

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd year 1941 hour 3 minute 100 M.

21. I hereby certify that I attended the deceased from Jan. 19 to April 25th 1941.

that I last saw her alive on April 22 and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Robert K Christian

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May 5 1867
(Month) (Day) (Year)

Immediate cause of death Post influenza encephalitis Duration 17 days

8. AGE: Years 73 Months 11 Days 18 If less than one day hr. _____ min. _____

Due to Cardio-vascular disease Years _____

Due to Influenza Since Dec. 1940

9. Birthplace DeKalb County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 937

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name Agustus Tuttle

13. Birthplace 1 N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Mary A. Wood

15. Birthplace 1 N.C.
(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? _____

235 (Specify type of place) While at work? _____ (e) Means of injury _____

16. (a) Informant Clyde Christian

(b) Address Maysville DeKalb Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof April 25-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Labony

18. (a) Signature of funeral director St. G. Grant

(b) Address Stewartville Mo.

19. (a) 4-24-41 (Date received local registrar) (b) Mildred McMahill (Registrar's signature)

23. Signature Blair Johnson (M. D. or other) D

Address Maysville, Mo. Date signed 4/24/41

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

MOTHER FATHER

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 *F. G. Lyons*
Licensed Embalmer No. *952*
P. O. Address *Stewartville Md*

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

If this body is not embalmed, fact should be so stated above.