

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 13

51  
2  
2

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg - Mo. 11  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 318 So Halden St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lille L. Christopher

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Jas. H. Christopher

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Nov-4-1860  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>16</u>	hr. min.

9. Birthplace Rock Island, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name John Snelle

13. Birthplace Lock Port, N.Y.  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Johnson

15. Birthplace Cornwall, N.Y.  
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Rufus G. Bliss

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Jan. 22-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmwood Cem

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Mo.

19. (a) Jan 21-42 (b) Lois M. Williams  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 318 So Halden St.  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan - day 20  
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Oct-41  
1942 to Jan 20-42  
that I last saw h. alive on Jan-20-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 4 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 830

PHYSICIAN

Major findings: Of operations

Of autopsy

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 D

23. Signature R. F. Williams (M. D. or other)

Address Warrensburg, Mo. Date signed Jan 21-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-11-42

---

---

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 \_\_\_\_\_

*Earl Priest*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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.**