

FILED FEB 16 1942

Registration District No. 995

Primary Registration District No. 6043

Registrar's No. 5

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

1. PLACE OF DEATH: Saline

(a) County Saline

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

(c) Name of hospital or institution: 8 mi. S. of Clay township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 8 years
(Specify whether years, months or days)

In this community 4 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline

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

(d) Street No. Clay township
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Christina Henrietta Cras

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased November 3-1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1-23 1942 to 2-2 1942
that I last saw her alive on 2-2 1942
and that death occurred on the date and hour stated above.

8. AGE: 84 Years 2 Months 29 Days — hr. — min.

9. Birthplace Summerside, N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

Immediate cause of death Intestinal obstruction

Due to Intestinal obstruction Duration 4 days

Due to Intestinal obstruction Duration 10 days

Other conditions Valvular heart disease
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business —

12. Name Fred Bierbaum

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

14. Maiden name Esther Brandert

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

16. (a) Informant Fred Cras

(b) Address Blaker no 2041

17. (a) Burial (b) Date thereof 2-4-42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial near Brown fork

18. (a) Signature of funeral director —

(b) Address —

19. (a) Feb. 5, 1942 (b) Ella Alexander
(Date received local registrar) (Registrar's signature)

Major findings: 99.1

Of operations —

Of autopsy —

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 J. W. Garsner M.D. (M. D. or other)

Address Gen. J. W. Garsner M.D. Date signed 2-4-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____
Date Filed 2-13-42

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Joe E. Jones

Licensed Embalmer No. 3143

P. O. Address Water 7th

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.