

S. No. 2
DM-5-42
Rev. 5-17-39
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26656

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 28 1942

Primary Registration District No. 5134

Registrar's No. 798

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Rural Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #2, St. Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2, St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Galen Christian

MEDICAL CERTIFICATION

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 487-05-1589

20. DATE OF DEATH: Month August day 13th year 1942 hour 7 minute 00 AM.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3

21. I hereby certify that I attended the deceased from Aug 13th 1942
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

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

Immediate cause of death: Coronary Occlusion 1 day

7. Birth date of deceased: September 25, 1894
(Month) (Day) (Year)

Due to Coronary Sclerosis with Complete heart block 1 yr.

8. AGE:	Years	Months	Days	If less than one day
	47	10	18	hr. _____ min.

Due to _____ 940

9. Birthplace: St. Joseph Missouri
(City, town, or county) (State or foreign country)

Other conditions: Man died suddenly
(Include pregnancy within 3 months of death)

10. Usual occupation: Wool dept (Retired)

While asleep in his home
Major findings: after 1 year disability
Of operations: with Cardiovascular disease
Of autopsy: no 1

11. Industry or business: Swift & Co.

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name: Charles F. Christian

13. Birthplace: Rochester Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Livonia Boyd

15. Birthplace: Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Chas. F. Christian

(b) Address: R.R. #2, St. Joseph, Mo.

17. (a) Burial (b) Date thereof: Aug. 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Mora Cemetery

18. (a) Signature of funeral director: Herman W. Deufel
(b) Address: 1802 Union St. St. Joseph, Mo.

19. (a) 8-14-42 (b) Rose Heigog
(Date received local registrar) (Registrar's signature)

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: H. F. Mundy (M. D. or other) _____
Address: 404 So 3rd Date signed: 8/13/42

(Licensed Embalmer's Statement on Reverse Side)

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

11
0
0

117 48

AUG 31 1942

APR 6 1950

JUN 24 1948

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..... *Albert C. Harrington*

Licensed Embalmer No. *3258*

P. O. Address..... *St. Joseph, 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.