

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **192**

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

1. PLACE OF DEATH:

(a) County **Livingston**

(b) City or town **Chillicothe**

(c) Name of hospital or institution: **Chillicothe Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **XXX 22 Days**
(Specify whether years, months or days)

In this community **XXXX 22 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Livingston**

(c) City or town **Chillicothe**
(If outside city or town limits, write "RURAL")

(d) Street No. **XXX 1130 Cooper St**
(If rural, give location)

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

3. (a) PRINT FULL NAME **James Harold Christman**

3. (b) If veteran, name war **XXXXXX**

3. (c) Social Security No. **XXXX**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **XXXX**

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

7. Birth date of deceased **Nov. 26, 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. 30 min.

9. Birthplace **Chillicothe Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **XXXX**

11. Industry or business **XXXX**

12. Name **Harold Gordon Christman**

13. Birthplace **Chicago Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Colleen Palm**

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

16. (a) Informant **Maudie E. Palmer**

(b) Address **Chillicothe Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 27, '42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Avalon, Mo.**

18. (a) Signature of funeral director **James G. Gordon**

(b) Address **Chillicothe, Mo.**

19. (a) **November 27-1942** (b) **Lou Ella Cozzy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **26**
year **1942** hour **8** minute **26** M.

21. I hereby certify that I attended the deceased from **Nov. 26, 1942** to **Nov. 26, 1942**
that I last saw him alive on **Nov. 26, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature child Born at 6 mo**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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. P. Brennan** (M. D. or other)

Address **Chillicothe, Missouri** Date signed **Nov 27, 42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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.....

There was no Embalming, Registered Apprentice No.
working under my personal supervision.

Signed *James D. Gordon*.....
Licensed Embalmer No. *1870*.....

P. O. Address *Levellille 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.