

S. No. 2
M-5-42
y. 5-17-39
PI X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31925**

Registration District No. **19434**

Primary Registration District No. **3032**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days - 0**
(Specify whether
In this community **41 yrs +**
years, months or days)

3. (a) PRINT FULL NAME

James F. Christopher

3. (b) If veteran, name war. **✓**

3. (c) Social Security No. **486-059562**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs Christopher**
6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **April 23 1902**
(Month) (Day) (Year)

8. AGE: Years **41** Months **4** Days **24**
If less than one day hr. min.

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

10. Usual occupation **Supt of Water Co.**

11. Industry or business

12. Name **Marion Christopher**
13. Birthplace **Pleasant Hill Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Jacy Baile**
15. Birthplace **Johnson Co. Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant **J. B. Christopher**
(b) Address **Warrensburg Mo.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **Sep 19 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (a) Signature of funeral director **Dwainey - Phillips**

(b) Address **Warrensburg Mo.**

19. (a) **Sep 19 1943**
(Date received local registrar) (b) **Leola M. Williams**
(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. **308 Broad St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sep** day **17**
year **1943** hour **3:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **Fall - Spring - '43**, 19 to **9-17-1943**, 1943
that I last saw him **alive on 9-17-43**
and that death occurred on the date and hour stated above.

Immediate cause of death - **Bilateral Lobal Pneumonia** Duration **2 days**

Due to **Following fall bladder spasm - 94 days before**
Due to

Other conditions **120**
(Include pregnancy within 3 months of death)

Major findings - **Ch. Choleliths**
Of operations **Subcutaneous**
Of autopsy

PHYSICIAN

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?

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

23. Signature **R. F. McKinney** (M. D. or other) **MD**
Address **Warrensburg Mo.** Date signed **9-19-43**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 10-6-43

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 *P. Q. Phillips.*

Licensed Embalmer No. *2320*

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.