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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32623

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4260

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution:
1812 - EAST - 70TH STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
(Specify whether years, months or days)
In this community 34 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1812 EAST - 70TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No) 0

If yes, name country FRANCE

3. (a) PRINT FULL NAME MR. WALTER MICHELL CRIST, SR.

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 495-05-1164

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MABEL CRIST

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased APRIL (Month) 8 (Day) 1895 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	6	7	hr. min.

9. Birthplace THEONVILLE (City, town, or county) FRANCE 5 (State or foreign country)

10. Usual occupation ASSISTANT SUPERINTENDANT

11. Industry or business PRUDENTIAL INSURANCE CO.

FATHER
12. Name PIERRE CRIST
13. Birthplace (City, town, or county) FRANCE 5 (State or foreign country)

MOTHER
14. Maiden name MARIE DARENIER
15. Birthplace (City, town, or county) FRANCE 5 (State or foreign country)

16. (a) Informant MRS. MABEL CRIST

(b) Address 1812 - EAST - 70TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-18-1945 (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director O. W. Newcomers Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 10 day 15 year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary schemis	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94 a	

Major findings:
Of operations
Of autopsy no
History + Inspection

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) Coroner

Address 1424 [illegible] Date signed 10-17-45

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 0 19

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.