

FILED OCT 18 1945

Registration District No. 5

Primary Registration District No. 3011

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME HENRY C. CHRISTMAN

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Deyman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 28 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name Wm. Frank Christman

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

14. Maiden name Mary Elizabeth Williams

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

16. (e) Informant Mrs. Henry Christman

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 9-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (e) Signature of funeral director Stanley F. Gibson

(b) Address Carrollton Mo.

19. (a) 9/30/45 (b) Mrs. Herbert Catlett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 28, year 1945 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept 1 1945 to Sept 28 1945 that I last saw him alive on Sept 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency 1 yr.

Due to work of age

Due also asthma

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 925

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) (Means of injury)

23. Signature R. Hamilton Stetson (M. D. or other)

Address Carrollton, Mo. Date signed Sept 29 45

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

14, 24

(Licensed Embalmer's Statement on Reverse Side)

NOV 4 1947

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-67-45

OCT 19 1945

MAR 29 1951

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

Bert W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va

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.