DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40039

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5000

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: Research Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

(c) City or town New Cambria 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME ENNIS F. CHRISTAL

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-8447

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Beulah Christal

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased March (Month) 10 (Day) 1912 (Year)

8. AGE: Years 33 Months 8 Days 25 If less than one day hr. min.

9. Birthplace New Cambria (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Henry R. Christal
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Etta Shoemaker
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Beulah Christal
(b) Address New Cambria Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Cambria, Mo

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) 12-5-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1945 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 5, 1945; that I last saw him alive on Dec. 4, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Apoplexy	Immed.
Due to Cerebral Hemorrhage	
Due to Arterial Hypertension	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83 a
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. [illegible] (M. D. ~~or other~~)
Address 1418 Professional Bldg K.C., Mo Date signed Dec 5, 1945

(Licensed Embalmer's Statement on Reverse Side)

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

Dr B Landis Effie 07
1418 Prof. Bldg

MAR 25 1946

MAY 20 1947

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.