

FILED MAR 11 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. 5565
Registrar's No. 812

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:
2411 East 69th St. Ter. K.O. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community Life
years, months or days

John Thos. Crist
3. (a) PRINT FULL NAME John Q. CRIST
3. (b) If veteran, name war No
3. (c) Social Security No. 487-09-3361

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlotte Crist 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 21, 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 26
If less than one day
hr. min.

9. Birthplace Kansas City, Kan.
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Cutter

11. Industry or business Donnelly Garment Co.

12. Name Jack Crist
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. Informant Mrs. Charlotte Crist

17. (a) Address 2411 East 69th St. Ter. K.C.
Burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McGilley Elyar
(b) Address 1800 Linwood Blvd. K.C. Mo.
2-18-46 (c) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2411 East 69th Street Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 th
year 1946 hour 9 minute 00A. M.
21. I hereby certify that I attended the deceased from JAN. 8 '46
to FEB 17 '46
that I last saw him alive on FEB. 16
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION
Duration 9 days
Due to HEPATEROSION YRS

Due to _____
Other conditions gla
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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) _____
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) (c) Means of injury
23. Signature A.C. Linnard (M. D. or other) M.D.
Address 6244 Broadway St. St. Louis Date signed 2-24-46

MOTHER FATHER BY

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 812

On this second day of April, 1946, before me appears.....
Mrs. Charlotte Brist, who, upon oath, states that the original record of ^{birth} death
for John T. Brist, died February 17th, 1946, in the State of
^{born} Missouri, and which was filed at City Hall on Feb 17th, 1946, should be corrected as follows:

Item No. should read John Thos. Brist

Instead of John C. Crist

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief. Charlotte Brist

(SEAL) Affiant Wife wife
Relationship.

2411 East 69th St. Terr.
Present Address.

Subscribed and sworn to before me this 2nd day of April, 1946

My Commission expires July 17, 1946
[Signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5565