

FILED SEP 24 1947

State File No. _____

Registration District No. 27

Primary Registration District No. 9007

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Butler, Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community 44 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural Homer Twp.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME HOMER CRIST

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maude B. Crist

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 1, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	7	22	_____ hr. _____ min.
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9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Crist

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

14. Maiden name Unknown Henry

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

16. (a) Informant Maude B. Crist

(b) Address RFD Amoret, Mo.

17. (a) Burial (b) Date thereof 9-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) 9-11-1947 (b) Randall Hursey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1947 hour 1:45 minute AM M.

21. I hereby certify that I attended the deceased from Aug 28, 1947, to Sept 3, 1947
that I last saw him alive on Sept 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis

Due to _____

Due to Chronic generalized arteriosclerosis

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: 94A

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? 0

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Carl W. Luter (M. D. or other) MD
Address Butler, Mo. Date signed 9/4/47

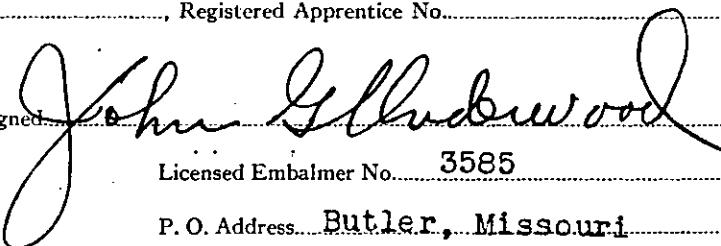
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date filed 9-19-47
District Health Officer No. 7,
8-47-1947
RECEIVED

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. 3585
P. O. Address Butler, Missouri

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.