

FILED OCT 17 1947

Registration District No. 548

Primary Registration District No. 4509

Registrar's No. 33

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan 105
(c) City or town Humphreys
(If outside city of 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 LEWIS D. CHRISTY

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

4. Sex Male () 5. Color or race Wht 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Violet Christy 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb 6 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 27 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Christy

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

14. Maiden name Susan Henderson

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

16. (a) Informant Mrs L.D. Christy

(b) Address Humphreys Mo

17. (a) Burial (b) Date thereof Oct 5 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Humphreys Mo. Cem.

18. (a) Signature of funeral director P. H. Wagner, Son

(b) Address Galt Mo.

19. (a) Oct 13 - 47 (b) Brita Callwell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-1-, 1947, to 10-3-, 1947;
that I last saw him alive on 10-2-, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease (Myocard regurg)

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations A & B

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?

While at work? _____ (Specify type of injury) (e) Means of injury 0

23. Signature J. E. Weston (M. & S. Seal)
Address Galt, Mo Date signed 10-3-47

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

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OCT 17 1947

RECEIVED
District Health Officer No. 10
District No. Number 12-47-1422
Date Filed OCT-15-1947

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 PK Payne
Licensed Embalmer No. 3400
P. O. Address Galt

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.