

FILED JUL 8 1948

State File No. \_\_\_\_\_

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 5-5

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Butler Mo. Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Wks. Hosp.  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME William H. Christolear

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 Widowed

6. (b) Name of husband or wife XXX 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased Feb. 12 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bates County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Henry Christolear

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

14. Maiden name Lucas

15. Birthplace Dont Know Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Christolear  
(b) Address Adrian, Mo.

17. (a) Burial (b) Date thereof 5 10 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Centary

18. (a) Signature of funeral director Ernest A. Dix  
(b) Address Adrian, Mo.

19. (a) 5-10-48 (b) N. Perry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7  
(c) City or town Adrian 0  
(If outside city or town limits, write "RURAL.") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1948 hour Five minute Five P.M.

21. I hereby certify that I attended the deceased from April 16  
1948, to May 7, 1948;

that I last saw him alive on May 7, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral lesion possibly thrombus

Due to possibly due to fractured hip

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) possibly accident

(b) Date of occurrence April 16, 1948 7

(c) Where did injury occur? Home - Adrian Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury fall

23. Signature E. E. Robinson (M. D. or other) \_\_\_\_\_

Address Adrian, Mo. Date signed 5-10-48

PHYSICIAN  
\_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 71

District File Number 6-48-752

Date Filed 7-7-48

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.....

C. A. Six, Registered Apprentice No.....  
working under my personal supervision.

Signed C. A. Six

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo

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, above space should be left blank.