

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

FILED DEC 22 1948

Registration District No. 1

Primary Registration District No. 4486

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott 100
(c) City or town Benton, Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Benton, Mo. (City)
(If rural, give location) NO
(e) Citizen of foreign country? NO (Yes or No) 71
If yes, name country _____

3. (a) PRINT FULL NAME Arthur F. Christman

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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Oct 7 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation Service Station Attendant
Self

11. Industry or business _____
12. Name Unknown
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. (a) Informant Mrs. Roy Nicholson
(b) Address Cobden, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-48
(Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetary

18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Missouri.

19. (a) 12-17-48 (Date received local registrar) (b) Miss Addie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1948 hour 2.00 minute P M.

21. I hereby certify that I attended the deceased from After Death
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Probable Heart Attack

Due to _____

Due to _____

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

Major findings: Of operations

Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause of 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)

23. Signature Orville Taylor (c) Means of injury Coroner
Address Sikeston, Mo Date signed 12-15-48

RECEIVED

District Health Office No. 2,

District File Number 1248-1673

Date Filed 12-20-48

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 257

J. E. McNamee Registered Apprentice No. _____
working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, Mo.

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.