

FILED DEC 19 1955

Registration District No.

Primary Registration District No. 224

Registrar's No.

3046

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Gen Del- California, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Leonard Victor Christion

3. (b) If veteran, _____ 3. (c) Social Security
name war No : No None

4. Sex Male 5. Color or _____ 6. (a) Single, widowed, married,
_____ race Colored divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Oct 4 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 11 hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry C. Christion
13. Birthplace Moniteau Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kyle
15. Birthplace Moniteau Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Cartheria Russell
(b) Address California, Mo
17. (a) Burial (b) Date thereof 12/17/55
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director Earl Bonlin
(b) Address California, Mo
19. (a) 12-17-55 (b) 12-17-55
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California, Mo 410
(If outside city or town limits, write "RURAL")
(d) Street No. Gen Del (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 15
year 1955 hour 6/30 minute _____ P.M.

21. I hereby certify that I attended the deceased from
3-10, 1955, to 12-13, 1955;
that I last saw him alive on 12-13, 1955;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

1 1/2 hoursDue to Arteriosclerosis, generalizedDue to 331X

Other conditions Rheumatoid arthritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature P.B. Fulk (M.D. or other) _____
Address California, Mo Date signed 12-16-55

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 James H. Bonham

Licensed Embalmer No. 4933

P. O. Address California

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.