

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24413

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 3529 Park St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2918

2. PRINT FULL NAME

Ruth Elmira Church

(a) Residence, No. 3529 Park St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter E. Church
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1850
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
87 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER
 13. NAME Donald Holmes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
 15. MAIDEN NAME W. M. McPherson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Miss Temple Church (Daughter) 3529 Park, Kansas City, Mo.18. BURIAL, ~~CHURCH OR CEMETERY~~ Memorial Park Cem. PLACE Kansas City, Mo. DATE 7-19-193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure Kansas City, Missouri.20. FILED July 20, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 19 38

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938, to July 19, 1938
 I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at A. m. 2:55
 The principal cause of death and related causes of importance were as follows:

Date of onset
Apoplexy with Hip trauma (probable fracture)
 Other contributory causes of importance: Senility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 7/17, 1938
 Where did injury occur? in K. C. - Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home

Manner of injury fell with stroke
 Nature of injury probable hip fracture

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) D. E. Burkhardt M. D.
 (Address) 3346 Summit K. C. Mo.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.