

1939 JUL 11 1939

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

21566  
Do not use this space.

1. PLACE OF DEATH

(a) County BuCHANAN Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001  
 (c) City St. Joseph (d) Street No. J. Joseph's Hospital Registered No. 601  
 (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.

2. PRINT FULL NAME

(a) Residence, No. 1703 N. 2ND 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>KATE Churchill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30th, 1872</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>6</u>
	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>CARDER BRO. Co.</u>	
	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) <u>CARTHAGE, MO</u>		
FATHER	13. NAME <u>DENNY J. Churchill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
MOTHER	15. MAIDEN NAME <u>MATTIE GATES</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
17. INFORMANT (ADDRESS) <u>KATE Churchill</u> <u>1703 N. 2ND, St. Joseph</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Mary's Cemetery</u> DATE <u>JUNE 14, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>FLEEMAN &amp; SON, INC.</u> <u>1946 CALHOUN St. Joseph, Mo</u>		
20. FILED <u>June 14, 1939</u> <u>W. J. Neel</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 12th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Jan 12, 1939  
 I last saw him alive on Jan 12, 1939 Death is said to have occurred on the date stated above, at 1:25 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset Jan 12, 1939  
(Parasitic right side body)  
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Other contributory causes of importance:  
Chronic interstitial nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Were an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury ✓, 19\_\_\_\_  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Thompson, M. D.  
 (Address) 825 Charles St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....

*John E. Rupp*

Licensed Embalmer No. *3980*

P. O. Address *St. Joseph*

**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, above space should be left blank.**