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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21131

Registration District No. JUL 15 1940

Primary Registration District No. 3005

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rich Hill Missouri 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town RichhHill Mo.
(If outside city or town limits write "RURAL")

(d) Street No. Walnut Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lizzie P. Church 620

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex F.

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife W.T. Church

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan, 5th, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business

FATHER
12. Name James Woods 1
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annna Schork
(b) Address RichnHill Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 7th/40
(Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem.

18. (a) Signature of funeral director Booths 56
(b) Address Rich Hill Missouri

19. (a) June 7, 1940 (Date received local registrar) (b) Claude J. Allen M.D. R.S. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1940 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from July 5, 1938, to June 5, 1940, that I last saw her alive on June 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of Uterus with Metastases to Abdominal Viscera

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 48

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to 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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.
Address Rich Hill Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-995
Date Filed 7-9-40

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 Self, Registered Apprentice No. ..... working under my personal supervision.

Signed John H Underwood
Licensed Embalmer No. 3585
P. O. Address Butler Mo

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

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