o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17862

Registration District No. 944 Primary Registration District No. 54385 44 MB Registrar's No. 53

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Jackson
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ralph Walter Church
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Mary Jane
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 21 (Day) 1873 (Year)

8. AGE: Years 68 Months 2 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Thomas C. Church
13. Birthplace Jackson 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Malisha Balster
15. Birthplace Pennsylvania 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Jane Church
(b) Address Rogersville Mo. R#
17. (a) (Burial, cremation, or removal) (b) Date thereof Mar. 27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director Kelley-Terrell
(b) Address Rogersville Mo.
19. (a) May-10-1941 (Date received local registrar) (b) Harry Grier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1941 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from 4-16, 1941, to 4-26, 1941; that I last saw h. alive on 4-16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerbro Hearrhage
Due to Arcro-Schlerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
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 W. Kelley (M. D. or other) D
Address Springfield Date signed 4-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 41-6-64
Date Filed 6-9-41

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour M

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

If this body is not embalmed, fact should be so stated above.