

FILED FEB 10 1942

State File No. _____

Registration District No. DR

Primary Registration District No. 1001

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1217 Lincoln Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 65 years (Specify whether years, months or days)
In this community 65 years

3. (a) PRINT FULL NAME Fulton Yerkes Churchill

(b) If veteran, name war _____ 3. (c) Social Security No. 491-10-1670

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie E. Churchill 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June 25 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Sales & Office Mgr.

11. Industry or business Story Laundry

12. Name William Boland Churchill

13. Birthplace Shelbyville Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Fulton

15. Birthplace Shelbyville Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie E. Churchill

(b) Address 1217 Lincoln St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Jan. 5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Hatter Meischer

(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) Jan 5 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1217 Lincoln Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1942 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from December 31 to January 12, 1942
that I last saw him alive on Friday 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 1/2 days

Due to Cardiac Hypertrophy with Valvular Lesions
Due to hypertension 2 1/2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 109 1/2 No. 8th. St. St. Jos Date signed 1/3-42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Chas. J. Ester

Licensed Embalmer No. 4154 Missouri.

P. O. Address St. Joseph, Missouri.

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.