

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3846

State File No.

FILED JAN 30 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shelby  
(b) City or town Shelbyville - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Salt River Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Shelby  
(c) City or town Shelbyville - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bertha Claire Churchwell

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar S. Churchwell 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Feb 10 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bethel Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thos. P. Todd

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

14. Maiden name Emily Elgin

15. Birthplace Bethel Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant O. S. Churchwell  
(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof Dec - 14 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C.P.A. Cemetery

18. (a) Signature of funeral director E. P. Thompson  
(b) Address Shelbyville, Mo.

19. (a) Dec 14 - 41 (b) Ruth James  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1941 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov-22-1941 19   to Dec 12 1941; that I last saw her alive on Dec 11 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Abdominal viscera Duration ?  
Due to Carcinoma of Ovary ?  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations HGA Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature P. G. Churchwell (M. Doctor) \_\_\_\_\_  
Address Shelbyville, Mo. Date signed 12-17-41

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

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749 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 1-42-149

Date Filed JAN 27 1942

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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 E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo.

**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.**