

ED JAN 21 1943 149
Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether
In this community **50 yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1312 Harrison**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
if yes, name country.....

3. (a) PRINT FULL NAME **Charles Churchill**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **3 divorced**
6. (b) Name of husband or wife **Della** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **Sept 16, 1869**
(Month) (Day) (Year)

8. AGE: **73** Years **3** Months **20** Days If less than one day hr. min.

9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Butcher**

11. Industry or business **Retired**

12. Name **William E. Churchill**

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

14. Maiden name **Mary Louisa Carr**

15. Birthplace **no**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ora Ott**
(b) Address **3522 Euclid**

17. (a) **Burial** (b) Date thereof **1-9-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Blackman**
(b) Address **H. C. No**

19. (a) **1-8-43** (b) **M. M. Brown**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **6th**
year **1943** hour **7** minute **45** P. M.

21. I hereby certify that I attended the deceased from **1-4-43**, 19... to **1-6-43**, 19...
that I last saw him alive on **1-6-43**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Asthma**

Due to **950**
Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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) (c) Means of injury

23. Signature **Arvey R. Shorr** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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..... *A. J. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *K. C. 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.