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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

2052

State File No.

FILED JAN 25 1943

Registration District No. 94

Primary Registration District No. 5343

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural-North Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED: 29

(a) State Mo. (b) County Dade 0

(c) City or town Rural- North Township 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX 0

3. (a) PRINT FULL NAME Lillie Thomas Church

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race white /

6. (a) Single, widowed, married, divorced widowed 2

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

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

7. Birth date of deceased August (Month) 8, (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	4	6	XX hr. XX min.

9. Birthplace Richmond, Virginia / (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business XX

FATHER
12. Name Charles Jinkins
13. Birthplace xxxx Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Brainy Epperson
15. Birthplace xxx Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant Melvin Church
(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetary

18. (a) Signature of funeral director W. C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) Jan - 19 - 43 (Date received local registrar) (b) Mrs Nora Pyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 42 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from
, 19 , to 12-14- , 19 42
that I last saw her alive on 12-14- , 19 42
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	10 hrs.
Due to hypertension	10 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Wm B Richter (M. D. or other)
Address Stockton Date signed 12-17-42

1200 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 143-80
Date Filed JAN 22 1943

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 O. H. Neale

Licensed Embalmer No. 3335

P. O. Address Stockton, Me

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.