

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 22 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 300

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
405 Michigan St., (Home)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 405 Michigan St.
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME Alice B. Church
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Howard
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased September 26, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 15
If less than one day hr. min.

9. Birthplace Elkhardt, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Self

MOTHER FATHER { 12. Name Haris Miller
13. Birthplace Illinois
14. Maiden name Mary Smith
15. Birthplace Illinois

16. (a) Informant Samuel Church (Son)
(b) Address 217 W. Hyde Park Ave., Cit

17. (a) Burial (b) Date thereof 3/15/43
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. ...
(b) Address 6054 Pryor Ave., City

19. (a) 3-15-43 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day II
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from January 14
to March 11, 1943
that I last saw h. er alive on March 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency
I month and 27 days Duration

Due to.....
Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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?.....
(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 Feather ... (M. D. or other)
Address 109 1/2 West Missouri Ave Date signed 3-12-43

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

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, only
....., Registered Apprentice No.
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.