V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17780

State File No.

Registration District No. 1142

Primary Registration District No. 5429

Registrar's No. 47

36
0
0

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Leslie ~~Gerald~~, Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Leslie ~~Gerald~~, Missouri Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Alpha Retta May Churchill

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 Widowed 2

6. (b) Name of husband or wife --

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

7. Birth date of deceased January (Month) 15 (Day) 1871 (Year)

8. AGE: Years 72 Months 4v Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Nebraska (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business --

FATHER
12. Name Wm. Haffner
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles W Churchill
(b) Address Leslie ~~Gerald~~ Missouri

17. (a) Burial&Removal (Burial, cremation, or removal) (b) Date thereof May 22, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Ellnwood, Kansas

18. (a) Signature of funeral director Ernst L. Ottmann
(b) Address Gerald, Missouri

19. (a) 5/21/43 (Date received local registrar) (b) Don Owens (Registrar's signature)

1139

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 1937, to May 19, 1943; that I last saw her alive on May 10, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	45 min
Due to Coronary Artery Disease	
Due to Arterial Sclerosis	
Other conditions Chronic Arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none 94a
Of autopsy none

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 Charles A. Schmidt (M. D. or other) MD

Address Gerald Mo Date signed 5-20-43

(Licensed Embalmer's Statement on Reverse Side)

12
75
6

206

OCT 25 1951

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 Ernest L. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald, 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.