

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 20 1943
Registration District No. 1542

Primary Registration District No. 0575

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
127 1/2 Jackson
(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 Kansas (b) County Wichita ⁹⁹⁹

(c) City or town Wichita Kan ¹⁴
(If outside city or town limits, write "RURAL") ⁰

(d) Street No. 122 N Clarence St
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Marvin Patrick Champ

3. (b) If veteran, name war.....

3. (c) Social Security No. 509-14-5854

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9
year 43 hour 12 minute A M.

21. I hereby certify that I attended the deceased from 1916 to 19.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Aug 16-1916
(Month) (Day) (Year)

that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull

8. AGE: Years 26 Months 9 Days 3 If less than one day..... hr. min.

Due to Automobile transportation

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace Clearwater Kan
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Truck Co

Major findings of operations.....

Of autopsy Section

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Elmer P. Champ

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

14. Maiden name Missie Mae Slynn

15. Birthplace Bozard Kan
(City, town, or county) (State or foreign country)

16. (a) Informant M. Missie Champ

(b) Address 122 N Clarence Wichita

17. (a) removal (b) Date thereof 6-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kan

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, specify Accident 048

(b) Date of occurrence 6/9/43

(c) Where did injury occur? Jobson Co hwy
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway

While at work? yes (Specify type of place) (e) Means of injury off highway

18. (a) Signature of funeral director N B Gangesford

(b) Address Leis, Johnson

19. (a) 6/10/43 (b) Sub R Binkley
(Date received local registrar) (Registrar's signature)

23. Signature Chas E. Hedges
Address Wichita

Dr. Charles E. Hedges (Licensed Embalmer's Statement on Reverse Side)

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, or by.....

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

Signed.....

N. B. Langford
.....
Licensed Embalmer No. *3833*
P. O. Address *Peas Summit 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.