

FILED AUG 18 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kennett  
(c) Name of hospital or institution: Lynchburg Hosp.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler  
(c) City or town Dowling mo.  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Seldon Marisa Churchill

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m!

6. (b) Name of husband or wife Florence Churchill 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 17 1877  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Fireman

11. Industry or business \_\_\_\_\_

12. Name Harvey Churchill

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

14. Maiden name Nancy Routh

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

16. (a) Informant Florence Churchill  
(b) Address Dowling mo.

17. (a)  (Burial, cremation, or removal) (b) Date thereof 7-18-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Queen City Mo.

18. (a) Signature of funeral director Floyd Moore

(b) Address Dowling mo.

19. (a) 7-24-45 (b) Mr. J. H. Wagner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1945 hour 8:5 minute 50 P. M.

21. I hereby certify that I attended the deceased from 14  
July, 1945, to July 16, 1945  
that I last saw h. alive on July 16, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Due to congested disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g30  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_  
23. Signature Mr. J. H. Wagner (M. D. or other) P.O.  
Address Parisville Mo. Date signed July 17 1945

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1  
3  
3

MOTHER FATHER

10450

JUN 19 1945

RECEIVED

District Health Officer No. 10

District File Number 8-45-1330

Date Filed AUG-15-1945

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

Signed Lloyd Moore

Licensed Embalmer No. 3451

P. O. Address Doubling 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.

44 P. 11