

FILED JUN 22 1946

Primary Registration District No. 6133

Registrar's No. _____

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town RURAL, NEWTON TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEWTON TOWNSHIP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 42 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SHANNON
(c) City or town NEWTON TOWNSHIP
(If outside city or town limits, write "RURAL")
(d) Street No. NEWTON TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SHERMAN GRANT CHURCH

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARTHA JANE 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased. MARCH 28 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 21 hr. min.

9. Birthplace SHELLSBURG IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name SAMUEL HENRY CHURCH

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

14. Maiden name UNKNOWN

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

16. (a) Informant Martha Jane Church
(b) Address Newton Township, Shannon Co., Mo.

17. (a) Burial (b) Date thereof June 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christus Cemetery

18. (a) Signature of funeral director Robert H. Henthorn
(b) Address Salem, Mo.

19. (a) 7-2-46 (b) Walter Roehm
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19
year 1946 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept 18
1945 to April 10, 1946
that I last saw him alive on May 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Duration _____
Due to Pneumonia
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy ru

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. J. Sellow (M. D. or other)
Address Salem, Mo. Date signed July 20 1946

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

MOTHER FATHER

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..... *Max L. Waigel*

Licensed Embalmer No. *4170*

P. O. Address..... *Salem, Wis.*

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.