

No. 2  
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5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1947**  
1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1013**  
Registrar's No. **59**

Registration District No. **147** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **JACKSON**  
(b) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **95 DAYS** (Specify whether  
In this community **2 YRS.** years, months or days)

3. (a) PRINT FULL NAME **THOMAS CHURCH**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unk.**

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife **Mayetta Church** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **APRIL 25, 1884**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>62</b>	<b>8</b>	<b>9</b>	hr. min.

9. Birthplace **Fort Smith** **ARKANSAS**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

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

12. Name **CALVIN CHURCH**  
13. Birthplace **OKLAHOMA**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY GLASS**  
15. Birthplace **ARKANSAS**  
(City, town, or county) (State or foreign country)

16. (a) Informant **JOHN CHURCH (SON)**

(b) Address **1707 1/2 E. 19th**

17. (a) **Burial** (b) Date thereof **1/9/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Watkins**

(b) Address **1729 Lydia Avenue**

19. (a) **1-7-47** (b) **Albaldine Holmes**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **JACKSON**  
(c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1821 HIGHLAND**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **JANUARY** day **4,**  
year **1947** hour **1:** minute **10 A. M.**  
21. I hereby certify that I attended the deceased from **OCTOBER**  
**1,** 19 **46** to **JANUARY 4,** 19 **47**  
that I last saw him alive on **JANUARY 4,** 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **UREMIA** Duration \_\_\_\_\_  
Due to **CHRONIC NEPHRITIS**  
**AORTIC STENOSIS**  
**HYPERTENSION**

Other conditions **LATENT SYPHILIS**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (Means of injury)  
23. Signature **Drunk** (M. D. or other) **M. D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **1/4/47**

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

MOTHER FATHER

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**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 J. Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 2583 Highland

**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.**