

FILED FEB 11 1947
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 408

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:
2700 Tracy 4 Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
over 50 years (Specify whether
In this community _____
years, months or days)

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. 503 Benton
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Alfred Churchman
(b) If veteran, name war no. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan 28 day _____
year 1947 hour 11 minute 4 M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife Mrs. Anna Churchman
(c) Age of husband or wife if alive dec. years
7. Birth date of deceased May 10 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7 1946 to Jan 28 1947
that I last saw him alive on Jan 25 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

8. AGE: Years Months Days If less than one day
85 8 18 _____ hr. _____ min.

Due to _____
Due to _____
Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

9. Birthplace New York
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

11. Industry or business Wax Manufacturer
12. Name Alfred Churchman
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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 1

16. (a) Informant Miss Marjorie Leavitt
(b) Address 503 Benton, Kansas City, Mo.
17. (a) burial (b) Date thereof. 1-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

23. Signature A. P. Cantrell (M. D. or other)
Address 636 W. 9th St. Date signed 1.28.47

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-28-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address. 142. 7th

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.