

Registration District No. **149** Primary Registration District No. **1002**

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

**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:  
629 West 39th. Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 20 Years  
 years, months or days)

**3. (a) PRINT FULL NAME** GEORGE D. CHURCH  
**3. (b) If veteran,** name war No **3. (c) Social Security** No. 493-22-8117

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Divorced  
**6. (b) Name of husband or wife** unknown **6. (c) Age of husband or wife if**  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased** October 16th. 1882  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
64 8 9 hr. min.

**9. Birthplace** Jefferson City Missouri  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Custodian

**11. Industry or business** School Board

**12. Name** John J. Church

**13. Birthplace** Clarendon New York  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Sally Dunscombe

**15. Birthplace** Jefferson City Missouri  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Louise Beardsley

**(b) Address** 3601 Jefferson Street

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 6 - 27 - 1947  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Forest Hill Cemetery

**18. (a) Signature of funeral director** Freeman Mortuary & Chapel  
**(b) Address** 104 West 42nd St. Kansas City, Mo.

**19. (a)** 6-27-47 **(b)** Sheraldine 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. 3601 Jefferson Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 25th.  
 year 1947 hour 8:40 minute a M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Insufficiency  
 Due to arterio sclerosis

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 95C

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no  
History & Inspection

**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** J. M. Walker (M. D. or other) 3  
**Address** 1924 W. 14th Date signed 6-26-47

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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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address. Kansas City, 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.**