No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33561

Registration District No. 1

Primary Registration District No. 3000 [redacted]

Registrar's No. 289

1. PLACE OF DEATH
(a) County: Adair
(b) City or town: Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grant Smith
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Brashear
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Church, Sarah Ann
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fem
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. (Month) 3, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	11	8	hr. min.

9. Birthplace: Adair Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Home
11. Industry or business: Home
MOTHER FATHER
12. Name: Bennett Whitwell Church
13. Birthplace: Indiana (City, town, or county) (State or foreign country)
14. Maiden name: Louisa Wally Ewing
15. Birthplace: Lewis Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Orville Church, brother
(b) Address: Brashear, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 13 "47 (Month) (Day) (Year)
(c) Place: burial or cremation: Brashear Cemetery
18. (a) Signature of funeral director: F. R. Earlby
(b) Address: Brashear, Mo.
19. (a) Oct 25-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: Oct. year: 1947 hour: 4 minute: p.m.
21. I hereby certify that I attended the deceased from 9 Oct. 1947 to 11 Oct 1947 that I last saw he alive on 11 Oct 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	5 days
Due to:	
Due to: Arteriosclerosis	?
Hypertension	?
Other conditions: Aortic regurgitation (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work: (e) Means of injury: 0
23. Signature: J. Pump (M. D. or other) MD
Address: Kirksville, Mo. Date signed: 10/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-47-1449
Date Filed OCT 27 1947

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 Richard B. Kelly Registered Apprentice No. 467 working under my personal supervision.

Signed Geo B. Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.