No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42084

FILED DEC 30 1947

Registration District No. 155 — Primary Registration District No. 3127 — Registrar's No. 190

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Webb City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 342 So. Jefferse-Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 39 Yrs (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jaspr 49

(c) City or town: Webb City 1
(If outside city or town limits, write "RURAL") 6

(d) Street No.: 342 So. Madison 2
(If rural, give location)

(e) Citizen of foreign country? ~~Yes~~ No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: William Luther Church

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MO

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Virginia CHURCH

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec (Month) 25 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	22	hr. min.

9. Birthplace: St. Francisville Mo: 6
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Tel Opt

11. Industry or business:

FATHER
12. Name: Wm. L. Church 0
13. Birthplace: Mo
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Martin
15. Birthplace: Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Virginia Church
(b) Address: 342 So. Madison WEBB CITY MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Carterville, Mo:

18. (a) Signature of funeral director: Parker Hunsaker
(b) Address: Joplin, Mo:

19. (a) DEC. 18; 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 17
year: 1947 hour: 4 minute: 40 A.M.

21. I hereby certify that I attended the deceased from December 11, 1947, to 12-17, 1947; that I last saw him alive on 12-17, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus	18 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0	
Of autopsy:	

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: R. M. Stormont M.D. (M. D. or other)

Address: Webb City, Missouri Date signed: 12-18-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-12-960

MAR 18 1948

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.