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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42244

State File No. _____

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 192

1. PLACE OF DEATH:

(a) County Nevada
 (b) City or town Nevada
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home 303 E. Vernon St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether
 In this community many years
 years, months or days) E

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sternon
 (c) City or town Nevada
 (If outside city or town limits, write "RURAL")
 (d) Street No. 303 E. Vernon St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country U

3. (a) PRINT FULL NAME

Alice Churchill

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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 Dec. 10 1863
 (Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 15
 If less than one day hr. _____ min. _____

9. Birthplace Barren Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Teacher (Retired)

11. Industry or business _____

12. Name Dr. A. Churchill

13. Birthplace Montrose Pa.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Githereg

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

16. (a) Informant Miss Elise Norman

(b) Address Nevada Missouri

17. (a) Burial (b) Date thereof Nov. 27 '48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

18. (a) Signature of funeral director Allen T. Roy

(b) Address Nevada Mo.

19. (a) 12-23-48 (b) Kathryn Nancy
 (Date received local registrar) (Registrar's signature) 2317

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
 year 1948 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Sept 1 1941 to Nov 25 1948
 that I last saw him alive on Nov 24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon
 Due to _____

Due to ✓

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: H6
 Of operations _____
 Of autopsy _____

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 0

23. Signature F. L. Martree (M. D. or other) M.D.
 Address Nevada Mo. Date signed 11/27/48

Duration _____
 Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 11-28-1479
Date Filed 12-24-48

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.....

Bert B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada 7

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.