

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12333

1431

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>305 No. Gladstone</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Elizabeth</u>				b. (Middle) <u>Church</u>			
c. (Last) <u>Church</u>				c. (Last) <u>Church</u>			
(Type or Print)				(Month) (Day) (Year)			
<u>3</u>				<u>3</u> <u>28</u> <u>1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 24th, 1861</u>	
9. AGE (In years last birthday) <u>88</u>		10. UNDER 1 YEAR Months Days <u>2</u> <u>2</u>		11. BIRTHPLACE (State or foreign country) <u>Vermont</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>			
13a. FATHER'S NAME <u>Anson P. Church</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Wilks</u>			
14. NAME OF HUSBAND OR WIFE <u>None</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Mo</u>				16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Seiglar</u>				ADDRESS <u>305 No. Gladstone</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of hip</u> <u>Senility</u>							
ANTECEDENT CAUSES (A) <u>Arteriosclerotic Heart disease</u>							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (c) <u>E 9030</u>							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>20</u>			
20. AUTOPSY? YES ☐ NO ☒							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Missouri</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3</u> <u>21</u> <u>1949</u> ? m.				21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒			
21f. HOW DID INJURY OCCUR? <u>Fall</u>							
22. I hereby certify that I attended the deceased from <u>March 24, 1949</u> , to <u>March 28, 1949</u> , that I last saw the deceased alive on <u>March 28, 1949</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. W. Hart M.D.</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>			
23c. DATE SIGNED <u>3-29-49</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>3/30/49</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-30-49</u> <u>Rosaline Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons Kansas City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm.

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

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.