

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton mo
(If outside city or town limits, write "RURAL")
(d) Street No. 601 S center
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WADE: C CHURCH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife 43 years
7. Birth date of deceased April 23 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 30 If less than one day hr. _____ min. _____

9. Birthplace Brownington mo
(City, town, or county) (State or foreign country)

10. Usual occupation Welder & Black-

11. Industry or business Smith shop

MOTHER FATHER { 12. Name Herbert Church
13. Birthplace Brownington mo
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche Church
(b) Address Clinton mo

17. (a) Burial (b) Date thereof 1-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Corneilus & Beels
(b) Address Clinton mo

19. (a) 1-30-41 (b) W. J. Hampton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15
1941, to Jan 23, 1941;
that I last saw him alive on Jan 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia Duration 6 days

Due to Influenza 10 days

Due to _____

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

Major findings: Of operations None
Of autopsy None
PHYSICIAN _____
Underline the cause to 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? _____

312 (Specify type of place) While at work _____ (e) Means of injury _____

23. Signature of W. J. Hampton (M. D. or other) _____
Address Clinton Mo Date signed 1-24-41

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

RECEIVED

District Health Officer No. 7

District File Number 2-41-288

Date Filed 2-7-41

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. _____ Registered Apprentice No. _____

Signed *J. E. Consolens*

Licensed Embalmer No. 1291

P. O. Address *Clinton, 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, above space should be left blank.