

No. 2  
-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5386**

**FILED MAR 12 1946**

Registration District No. 23

Primary Registration District No. 4218

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Windsor  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 105 Phelps  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 Phelps (If rural, give location)  
(e) Citizen of foreign country? N.O. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Barber Churchill

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, Divorced

6. (b) Name of husband or wife Claude Littae 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Dec. 3 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 2 11 hr. min.

9. Birthplace Windsor Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor (retired)

11. Industry or business \_\_\_\_\_

12. Name Henry C. Churchill

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

14. Maiden name Missouri Campbell

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

16. (a) Informant Mary Churchill

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 2-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) 2-18-1946 (b) R R Kennedy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14  
year 1946 hour 5:20 p m minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov-1944 1944 to Feb-14- 1946  
that I last saw him alive on Feb-14-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Mutual Stenosis  
Hypertension  
Due to \_\_\_\_\_  
Emphysema - right  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 92%  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Huston-Turner (M. D. \_\_\_\_\_)  
Address Windsor, Mo. Date signed 2/19/46

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

RECORDED

Office No. 7,

2-46-231

Date Filed

3-11-46

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**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

*William J. Hunter*

Licensed Embalmer No.

3391

P. O. Address

*Windsor, 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.**