

FILED JUL 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 133

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(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 4 days
In this community 10 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME De Forrest F. Church

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

4. Sex M 5. Color or race W 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 2 22 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Steel Engineer

11. Industry or business _____

12. Name Herbert Church

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

14. Maiden name Colette Yank

15. Birthplace New York City NY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Heam
(b) Address Depwath Mo

17. (a) burial (b) Date thereof 6 28 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownington Cem

18. (a) Signature of funeral director Fred W. Williams

(b) Address Clinton Missouri

19. (a) 6-28-46 (b) R. B. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 25 1946 to June 26 1946
that I last saw him alive on June 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary disease, infarct Duration 3 hrs
unknown

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none 11 a

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) no

(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 U

23. Signature R. B. Kenney (M. D. or other) Mc. D.

Address Clinton Mo Date signed 6/28/46

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

MOTHER FATHER

RECEIVED

Division of Health Officer No. 7.

Discharge No. 6-46-659

Date Filed 7-3-96

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 Fred W. Keussone

Licensed Embalmer No. 5478

P. O. Address Clinton 7th

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.