. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2840

State File No.

Registration District No. 211

Primary Registration District No. 5777

Registrar's No.

66
0
0

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

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Rural - Equality Tur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10 mi S-E-1 of Eldon - Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 8 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miller 66
(c) City or town Rural - Equality 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10 mi. S.E. of Eldon Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none 0

3. (a) PRINT FULL NAME Lonie - S - Church

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, ~~widowed, married,~~ ~~divorced~~ Single 0

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March (Month) 19 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	10	19	— hr. — min.

9. Birthplace unknown (City, town, or county) WIS - 1 (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Sewing - Private

FATHER
12. Name Chas - M - Church
13. Birthplace unknown (City, town, or county) New-York 1 (State or foreign country)

MOTHER
14. Maiden name Sophia - M - Poehl
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr Guy Church
(b) Address Tuscumbia Mo

17. (a) Removal + Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 (Month) (Day) (Year) 1943
(c) Place: burial or cremation Beloid - Kans.

18. (a) Signature of funeral director Keith McKays
(b) Address Eldon Mo

19. (a) 2-1-43 (Date received local registrar) (b) H.C. Wright (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1943 hour 2 minute ✓ P.M.

21. I hereby certify that I attended the deceased from Jan 6, 1943, to Jan 28, 1943
that I last saw her alive on Jan 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 weeks

Due to Chronic Nephritis — years

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature M. E. Humphreys (M. D. or other) D.O.
Address Tuscumbia Mo Date signed 1-29-43

879

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-11
Date Filed 2/9/43

MAR 5 1943

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 Keith M Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.