

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

26392

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED AUG 27 1946**

1.000 5/30

Registration District No. 42

Primary Registration District No. \_\_\_\_\_

Registrar's No. 939

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri River (Missouri side) 3  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 14 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan //  
 (c) City or town Rushville, (Rural) //  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R.F.D. #2 0  
(If rural, give location)  
 (e) Citizen of foreign country? No 0  
(Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** HERMAN CHRISTOPHER CHURCH  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 500-10-4536

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month August day 16,  
 year 1946 hour Unknown minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from  
August 18, 1946 to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex Male 0  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Grace C.  
 6. (c) Age of husband or wife if alive 40 years  
 7. Birth date of deceased July 10, 1903  
(Month) (Day) (Year)

Immediate cause of death Accidentally Drowned  
 Duration \_\_\_\_\_

**8. AGE:**

Years	Months	Days	If less than one day
<u>43</u>	<u>1</u>	<u>8</u>	hr. _____ min.

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

-9. Birthplace Junction City, Kansas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
River work

**MOTHER FATHER** {  
 11. Industry or business \_\_\_\_\_  
 12. Name Clarence Church 0  
 13. Birthplace Garry Co., Missouri 0  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary V. Warner  
 15. Birthplace Garry Co., Missouri 0  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Grace C. Church (Wife)  
 (b) Address Rt. # 2, Rushville, Mo.

17. (a) Burial 0  
(Burial, cremation, or removal) (b) Date thereof 8/20/46  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Armstrong Cemetery

22. If death was due to external causes, fill in the following: //  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence Aug, 16th 1946  
 (c) Where did injury occur? Rushville, Mo.  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place 0  
(Specify type of place)

18. (a) Signature of funeral director [Signature]  
 (b) Address 6054 Prior Ave., City

While at work? Yes (c) Means of injury Drowned 0

19. (a) Aug. 22, 1946 0  
(Date received local registrar) (b) [Signature]  
(Registrar's signature)

23. Signatur B. W. Tadlock 0  
(City or town) (County) (State)  
 Address King Hill Bldg Date signed 8/19/46

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

25238

**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, ~~on the~~ *body*  
*was not embalmed*, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.**