

FILED JAN 2 1948  
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 5343

1. PLACE OF DEATH:

(a) County. JACKSON  
(b) City or town. KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
428 MAIN STREET /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 YEARS (Specify whether  
In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. JACKSON 49  
(c) City or town. KANSAS CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 428 MAIN STREET 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MR. CLYDE WESLEY CHURCH

3. (b) If veteran, name war. No  
3. (c) Social Security No. 326-09-0025

4. Sex. MALE / 5. Color or race. WHITE  
6. (a) Single, widowed, married, divorced. MARRIED  
6. (b) Name of husband or wife. MRS. FRANCES G. CHURCH  
6. (c) Age of husband or wife if alive. 54 years  
7. Birth date of deceased. MAY 26 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	6	24	hr. min.

9. Birthplace. LEE MASSACHUSETTS  
(City, town, or county) (State or foreign country)

10. Usual occupation. FUR GRADER

11. Industry or business. SILBERMAN FUR CORP.

12. Name. JAMES WESLEY CHURCH

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

14. Maiden name. UNKNOWN DOYD

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

16. (a) Informant. MRS. FRANCES G. CHURCH

(b) Address. 428 MAIN STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof. DEC-20-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation. ST. LOUIS, MISSOURI

18. (a) Signature of funeral director. J. J. ...

(b) Address. 1401 BRUSH CREEK BLVD.

19. (a) 12-20-47 (Date received local registrar) (b) Gladeline Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. DECEMBER day. 19th year. 1947 hour. 7 minute. 30 A. M.

21. I hereby certify that I attended the deceased from July 24 1947, to Dec 19 1947; that I last saw him alive on Dec 15 1947; and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of bronchus (left lower lobe) 7+ months

Due to

Due to

Other conditions. Multiple long metastases (Include pregnancy within 3 months of death)

Major findings. Healed perforated duodenal ulcer

Of operations

Of autopsy. esophagus 47C

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

23. Signature. J. J. ... (M. D. or other)

Address. Kansas City 6, Mo Date signed. 12/19/47

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

MOTHER FATHER

730 Professional Bldg

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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

*Melvin Miller*

Licensed Embalmer No. *4407*

P. O. Address: *K.C. 3, 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.