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7-39

FILED APR 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11541

State File No. ....

Registration District No. .... 42

Primary Registration District No. .... 1000

Registrar's No. .... 424

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

1. PLACE OF DEATH:

(a) County... Buchanan

(b) City or town... St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution... 3307 Sacramento St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 28 years (Specify whether years, months or days)

In this community... years, months or days

3. (a) PRINT FULL NAME... John Raymond Church

3. (b) If veteran, name war... No

3. (c) Social Security No. ... None

4. Sex... Male  race... White

5. Color or race... White

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Elise Church

6. (c) Age of husband or wife if alive... 59 years

7. Birth date of deceased... September 18 1937  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	6	21	hr. min.

9. Birthplace... Greenfield Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation... Retired  
Electro Plater

11. Industry or business... Xenis Church

12. Name... Xenis Church

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

14. Maiden name... Ida Shepherd

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

16. (a) Informant... Mrs. Elise Church

(b) Address... St. Joseph, Missouri

17. (a) Burial, cremation, or removal... Burial (b) Date thereof... 4/10/48  
(Month) (Day) (Year)

(c) Place: burial or cremation... Mt. Mora Cemetery

18. (a) Signature of funeral director... Neaton - Bowman

(b) Address... St. Joseph, Mo.

19. (a) 4-16-48 (Date received local registrar)

(b) K. L. Jenkins (Registrar's signature) 382

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Buchanan

(c) City or town... St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. ... 3307 Sacramento St.  
(If rural, give location)

(e) Citizen of foreign country? ... No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 9  
year... 1943 hour... 7 minute... A.M.

21. I hereby certify that I attended the deceased from... April 2 1948 to... April 9 1948  
that I last saw him alive on... April 6 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death...  
Bronchial Pneumonia  
Arteriosclerosis  
Due to... Senile Dementia

Due to...  
Due to...

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

Major findings:  
Of operations...  
Of autopsy... 107

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... S. J. Werner (M. D. or other) 49-48  
Kirkpatrick Bldg.

Address... St. Joseph, Mo. Date signed.....

Duration

7 days

10 yrs

3 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

Licensed Embalmer No. 3804

P. O. Address 319 So 10th 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.