

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

34586  
 Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH  
 (a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002  
 (c) City KANSAS CITY (d) Street No. 605 E 64 ST. Registered No. 3922 St. TERRE  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
436 John W Childers.

2. PRINT FULL NAME  
 (a) Residence, No. \_\_\_\_\_ St.  FARGO - N. DAK.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR-17-1860  
 7. AGE YEARS 78 MONTHS 6 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leon IOWA.

FATHER 13. NAME John D. Childers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Unk. Hinkle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) Charles E Childers 605 E 64 TERR.

18. BURIAL, CREMATION, OR REMOVAL PLACE FARGO, N. DAK. DATE Oct 8 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. Newcomers Sons Paseo + Brush Creek

20. FILED Oct 8 1938 M. M. Brown Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/8 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 10/7 1938 to 10/8 1938  
 I last saw him alive on 10/7 1938. Death is said to have occurred on the date stated above, at 12:45 m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
82a1

Date of onset 10/8/38

Other contributory causes of importance:

Arterio sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) J. J. Jensen, M. D.  
 (Address) 207 Riatta Bldg.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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. 3976

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**