

REC'D AUG 9 1939

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

25428
Do not use this space.

1. PLACE OF DEATH
(a) County Cale Registration District No. 213
(b) Township Jefferson Primary Registration District No. 3014
(c) City Jefferson City Mo. (d) Street No. 1201 E High Registered No. 159
(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.
2. PRINT FULL NAME Charles W. Childers
(a) Residence, No. 1201 E High St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LILIAN STOUTE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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 1
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowry
13. NAME John C. Childers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Lillian Stout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT wife Lillian Stout Childers
18. BURIAL, CREMATION, OR REMOVAL PLACE Athelstam, Iowa DATE 7-5-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Yanner Funeral
20. FILED 7/31 1939 our name m.o. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939
22. I HEREBY CERTIFY, that I attended deceased from July 3, 1939, to July 3, 1939
I last saw h. live on July 3, 1939. Death is said to have occurred on the date stated above at 5:30 AM
The principal cause of death and related causes of importance were as follows:
Coronary artery disease Date of onset
Other contributory causes of importance: AM
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) Jas A. Hilbig M. D.
111 (Address) Jefferson City Mo

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

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

700 Jefferson City

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.