

1939 AUG 14 1939

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

26198
Do not use this space.

1. PLACE OF DEATH
 (a) County Madison Registration District No. 635
 (b) Township _____ Primary Registration District No. 3028
 (c) City or Fredericktown Mo (d) Street No. _____ St.
 (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.
4 3 6
 2. PRINT FULL NAME Geo. Elvis Childers
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Dallas Childers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27 - 1859
 7. AGE YEARS 80 MONTHS 3 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1939
 22. I HEREBY CERTIFY, That I attended deceased from May 19 1937 to July 8 1939
 I last saw him alive on May 25 1937. Death is said to have occurred on the date stated above, at 8:00 am.
 The principal cause of death and related causes of importance were as follows:
Apoplexy (history)
820
 Date of onset unknown
 Other contributory causes of importance:
Had attacks of apoplexy 9 years ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Ky.
 13. NAME Albert Childers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs. G. E. Childers (ADDRESS) Fredericktown Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Snowdenville DATE July 10 1939
 19. FUNERAL DIRECTOR (NAME) Ed. Hebbert (ADDRESS) Fredericktown Mo.
 20. FILED July 10 1939 S. C. S. Coughlin Local Registrar. (Address) Fredericktown Mo.

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) G. E. Higdon, M. D.
 (Address) Fredericktown Mo.

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

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..... *Ed. H. Webb*

Licensed Embalmer No. *731*

P. O. Address, *Frederick Town*

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.