

34295

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

8833

791
1008

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town Alton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write subject number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 2433 Sanford,
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mary E. Childers,

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James William Childers 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec. 21 1875
(Month) (Day) (Year)

8. AGE: Years 63. Months 10 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Mon Township, Sevier
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own home

12. Name George R. Sutton

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

14. Maiden name Eizabeth M. Keiser

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

16. (a) Informant's own signature M. E. Childers
(b) Address Alton, Sevier

17. (a) Burial (b) Date thereof Oct. 18, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Sevier
(d) Signature of funeral director Roy H. Steuffer
(e) Address Alton, Sevier

19. (a) OCT 17 1939 (b) J. J. Braddock
(Date received local Registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15
year 39 hour 8 minute 02 a. M.

21. I hereby certify that I attended the deceased from 10-6, 1939, to 10-15, 1939.
that I last saw her alive on 10-15, 1939.
and that death occurred on the date and hour stated above.

Immediate cause of death INCARCERATED INGUINAL HERNIA

Due to _____

Due to _____

Other condition POST OPER. PERITONITIS
(Include pregnancy within 3 months of death)

Major findings: PARALYTIC ILEUS PERITONITIS

Of autopsy _____

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 H. Hoffner (M. D. or other) _____
Address BARNES HOSPITAL Date signed _____

Duration

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Rev. 5-17-39 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.

FORM 1-1-39

1 X1951

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 Robt. W. Streep

Licensed Embalmer No. 2474

P. O. Address Atton Ills

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.