

FILED FEB 13 1940
Registration District No. 978

Primary Registration District No. 2001

Registrar's No. 37

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

1. PLACE OF DEATH: 1

(a) County Green

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

(c) Name of hospital or institution Springfield Baptist Hospital
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2016 Elizabeth Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Alta Lee Childers 4312

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1940 hour 6 minute 05 A.M.

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife Jasper N. Childers 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased August 31 - 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9th to Jan 11, 1940 that I last saw her alive on 1-11, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 7 Months 4 Days 10 If less than one day _____ hr. _____ min.

Immediate Cause of death Chorea & nephritis year

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

Due to acute albuminuria 3 days

10. Usual occupation house wife

Other conditions Child birth

11. Industry or business _____

PHYSICIAN None

12. Name Charles S Wolff

Major findings: none

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

Of operations _____

14. Maiden name Nerna Gideon

Of autopsy none

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Chester E. Vaughn

(a) Accident, suicide, or homicide (specify) none

(b) Address 1830 W High St. Springfield

(b) Date of occurrence no

17. (a) Burial (b) Date thereof Jan 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? none
(City or town) (County) (State)

(c) Place: burial or cremation Mt Carmel, near Clever

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director J.W. Maples

While at work? no (Specify type of place) (e) Means of injury no

(b) Address Clever, Mo.

23. Signature J F Freeman (M. D. or other) _____
Address Springfield Mo Date signed 1-11-40

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 J. W. Maple
Licensed Embalmer No. 2985
P. O. Address Cleaver - 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, above space should be left blank.