

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
1010 Fisk Ave 2
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 1010 Fisk Ave
(If rural, give location)

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

8. (a) PRINT FULL NAME Louisa N. Childress 47

8. (b) If veteran, name war _____

8. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife W. S. Childress

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 22nd 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>66</u>	<u>0</u>	<u>19</u>	hr. min.
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9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Samuel H. Nickell

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

14. Maiden name Tobetha E. Kipper

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

16. (a) Informant's own signature S. H. Nickell

(b) Address Moberly, Mo

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

(c) Place: burial or cremation Kansas City, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) Mch. 12-1940 (b) Seal Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11
year 40 hour 0:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1939
to Mar 11, 1940

that I last saw her alive on Mar 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Larynx Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? 9th St
(Specify type of place) _____ (e) Means of injury _____

23. Signature S. H. Nickell (M. D. or other) _____
Address Moberly, Mo Date signed Mar 11, 1940

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.

RECEIVED

Health Officer No. 10

File Number 4-40-901

APR 16 1940

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.....

Frank D. DeWitt

Licensed Embalmer No.....

3021

P. O. Address.....

Moberly, 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.