

No. 2
-13-40
17-39
X231

Registration District No. **1940 233**

Primary Registration District No. **3014**

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
Mo. State Penitentiary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Year
(Specify whether years, months or days)

In this community One Year

3. (a) PRINT FULL NAME NEWMAN CHILDERS (52,860)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased January 5 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	8	5	hr. min.

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

10. Usual occupation Carpenter 9

11. Industry or business 9

12. Name Monroe Childers

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

14. Maiden name Unknown

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

16. (a) Informant Dr. Marshall W. Kelly

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 9/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spared mo.

18. (a) Signature of funeral director John F. Heinrichs

(b) Address Heinrichs Fun. Home

19. (a) 9/11/40 (b) D. B. B. of M. D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th
year 1940 hour 5 minute five A. M.

21. I hereby certify that I attended the deceased from September 7th, 1939 to September 10, 1940
that I last saw him alive on September 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Due to _____

Due to 46

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Marshall W. Kelly (M. D. or other) 1
Address Jefferson City, Mo.

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.....

John F. Hamrick

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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, fact should be so stated above.