

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K. C. General Hospital No. 1**
(d) Length of stay: In hospital or institution **8 hours**
In this community **3 Years**

3. (a) PRINT FULL NAME **MONROE ANDREW CHILDS**
(b) If veteran, name war **None**
(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 **Mrs. Emma Leone Childs**
6. (c) Age of husband or wife if alive **62 years**
7. Birth date of deceased **July 13 1877**

8. AGE: Years **63** Months **4** Days **22**
If less than one day hr. min.

9. Birthplace **Lee County Alabama**

10. Usual occupation **Messenger**

11. Industry or business **Railways Express Agency**

MOTHER FATHER { 12. Name **Jack Childs**
13. Birthplace **Alabama**
14. Maiden name **Leone Weatherly**
15. Birthplace **Alabama**

16. (a) Informant **Mrs. Emma Leone Childs**

(b) Address **3217 Charlotte Street**

17. (a) **Burial** (b) Date thereof **Dec. 7, 1940**

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **O. W. Newcomer's done**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **12-7-40** (b) **m. m. Brown**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3217 Charlotte**
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **4th**
year **1940** hour **11** minute **20** P. M.

21. I hereby certify that I attended the deceased from **12-4-40**, 19... to **12-4-40**, 19...
that I last saw him alive on **12-4-40**, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Ruptured peptic ulcer with generalized peritonitis**

Due to **11/7/40**
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **See above**

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 injury) (Specify type of injury)

23. Signature **Wesley R. Shaw** (M. D. or other)
Address **Med. Dir. K.C. Gen. Hospital** Date signed

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

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

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.