FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2314

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 34

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Omaryo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about Two ones (Specify whether
In this community ~~about two ones~~ all of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 913 Marshall
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Edwards Childs

3. (b) If veteran, name war

3. (c) Social Security No. 492-18-7098

4. Sex M

5. Color or race negro

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

6. (b) Name ~~of husband~~ or wife Mrs Irene Child

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

7. Birth date of deceased 2 (Month) 24 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business Int. National Shoe Co.

FATHER
12. Name Reynolds Child.
13. Birthplace Louisville (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Bettie Murray
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Irene Childs
(b) Address 913 Marshall J.C. Mo

17. (a) Mt Vernon (Burial, cremation, or removal) (b) Date thereof 1-26-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt Vernon Mo

18. (a) Signature of funeral director L. D. Hardiman
(b) Address 412 N. Orange Sedalia Mo

19. (a) 2/4/41 (Date received local registrar) (b) A. V. Bedford M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd. year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Nov. 11, 1940, to Jan. 23rd, 1941; that I last saw him alive on Jan. 23rd, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 1-10-41

Contributory Cause: ~~Due to~~ Cancer of Pancreas with extension to liver.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy Confirmed above diagnosis

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

23. Signature M. M. Rambo (M. D. ~~or other~~)
Address Jefferson City, Mo. Date signed 1-28-41

(Licensed Embalmer's Statement on Reverse Side)

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 L. D. Hardiman, Registered Apprentice No. ..... working under my personal supervision.

Signed L. D. Hardiman

Licensed Embalmer No. 1879

P. O. Address 412 N. Osage, Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-2-21-40
I X22659

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2314

Registration District No. 213 Primary Registration District No. 3014 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

3. (a) PRINT FULL NAME Geo Edw Childs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 24 (Day) 1871 (Year)

8. AGE: Years 69 70 Months 11 Days 29 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a). Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 2/7/41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. W. Ramlo (M. D. or other)

Address Jefferson City Date signed