

REV. 5-17-39 I X19511

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

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.

Registration District No. **497**

Primary Registration District No. **5673**

Registrar's No. **1**

1. PLACE OF DEATH:

(a) County **Linn**

(b) City or town **Enterprise Twp, Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**6 miles S.E. of Browning**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Months** (Specify whether years, months or days)

In this community **3 Months**

3. (a) PRINT FULL NAME **Martha J. Childres**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Adelbert D. Childres**

6. (c) Age of husband or wife if alive **1859** years

7. Birth date of deceased **April 10, 1859**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **28** If less than one day hr. min.

9. Birthplace **Not Known - Indiana /**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **Caleb Van Horn**

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

14. Maiden name **Sarah - - -**

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

16. (a) Informant's own signature **Alfie Christy**

(b) Address **Browning, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 10, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cemetery Brookfield, Mo.**

18. (a) Signature of funeral director **Russ Turner Home**

(b) Address **Brookfield, Mo.**

19. (a) **Jan. 10, 1941** (b) **Miss. Lila Williams**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**

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

(d) Street No. **430 Peck Street**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **8**  
year **1941** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Nov 16**, 19**40**, to **Dec 27**, 19**40**  
that I last saw him **alive on Dec 27**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Serulity**

Due to **Chromolysis**

Other conditions (Include pregnancy within 3 months of death) - **Chromolysis**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? **Yes**

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

23. Signature **J.P.M. Carter** (M. D. or other) **1**

Address **Browning Mo.** Date signed \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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..... *H. B. Wright*  
Licensed Embalmer No. *3718*  
P. O. Address *Brookfield, 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.**