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23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6144

FILED MAR 14 1941

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 314 High St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico, 1
(If outside city or town limits, write "RURAL")

(d) Street No. 314 High St. 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Frances Childress

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 2

6. (b) Name of husband or wife Jim Andy Childress

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

7. Birth date of deceased November 20, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Barren County, / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Tillman Monk
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Pulis
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 23, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Thompson. Mo.

18. (a) Signature of funeral director Earl E. Pruett
(b) Address Mexico, Mo.

19. (a) Feb 23-1941 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1941 hour 11 30 minute A M.

21. I hereby certify that I attended the deceased from Jan Jan 28, 1941, to Feb 22, 1941;
that I last saw her alive on Feb 21 10 15 AM, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Degenerative Myocarditis with heart failure	?
Due to Generalized arteriosclerosis	
Due to Senility	
Other conditions Bronchial Pneumonia Hypostatic (Include pregnancy within 3 months of death)	Feb 17-41

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) None
(b) Date of occurrence —
(c) Where did injury occur? None.
(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 Harry F. Orman (M. D. or other) 0
Address Mexico Mo. Date signed 2/22/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-41-589
Date Filed MAR 10 1941

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 Earl, E. Precht, Registered Apprentice No. ..... working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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