

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
514 Emerald St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Louise K Childs

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Childs

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased may 19 1911
(Month) (Day) (Year)

8. AGE:

Years 29 Months 11 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation House Work

11. Industry or business _____

12. Name Ollie Mc Clary

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

14. Maiden name Louise Pritchett

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

16. (a) Informant Walter Childs

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 5-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director A. J. Hansen

(b) Address Cape Girardeau Mo

19. (a) 4-27-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 514 Emerald St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 28, 1941, to April 29, 1941;
that I last saw him alive on April 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis Dysp.

Due to _____
Due to _____
Other conditions: 12 Pt
(Include pregnancy within 3 months of death)

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? _____

23. Signature William J. Keller (M. D. or other) 12
Address Cape Girardeau, Mo Date signed May 24
(Specify type of place) (e) Means of injury

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6
11
4

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.....

Earl J. Smith

Licensed Embalmer No. *2676*

P. O. Address *Cape Girardeau*

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.