No. 2
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7-39
X21492

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. 18588

Registration District No. 634 Primary Registration District No. 5837 Registrar's No.

1. PLACE OF DEATH:

(a) County Oregon Hwy 1 Rt 3

(b) City or town Rosebranch Mo Rt 3 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Rosebranch Mo 0 (If outside city or town limits write "RURAL")

(d) Street No. Rt 3 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Wm Uilo Childers

3. (b) If veteran, name war ✓

3. (c) Social Security No. 712-01-8841

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Mary E. English

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased 3-26-1886 (Month) (Day) (Year)

8. AGE: Years 55 Months Days 19 If less than one day hr. min.

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

10. Usual occupation Retired R.R. Man

11. Industry or business

FATHER
12. Name Geo. Childers
13. Birthplace Thayer, O Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Fasset
15. Birthplace Clarksville, Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. M. Childers

(b) Address Rosebranch, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-19-41 (Month) (Day) (Year)

(c) Place: burial or cremation Redbirn

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Mar 26 (Date received local registrar) (b) Mrs A. E. Willard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 1941 hour 1 minute 30 9 M.

21. I hereby certify that I attended the deceased from 8/5, 1940, to 4/10, 1941, that I last saw him alive on 4/10, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: My rear dates	2 mo
Due to: Sclerosis arteriosa	4 yrs
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? 9/6 (Specify type of place)

While at work? (e) Means of injury

23. Signature Maurice Thompson (M. D. or other) O Mo

Address West Plains Mo Date signed 4/21/41

Thompson

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 34321

P. O. Address West Plain

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

If this body is not embalmed, above space should be left blank.