No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18737

Registration District No. 698 Primary Registration District No. 15927

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Weston Rural

(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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thurman Ray Childers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 24 (Day) 1941 (Year)

8. AGE: Years | Months | Days 10 | If less than one day hr. min.

9. Birthplace Marshall Twp. Platte Co. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER 12. Name Thurman Childers

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

MOTHER 14. Maiden name Elizabeth Vandrell

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

16. (a) Informant Thurman Childers

(b) Address Weston Mo.

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

(c) Place: burial or cremation Mt Bethel

18. (a) Signature of funeral director J H Boll

(b) Address Weston Mo

19. (a) 5/5/41 (Date received local registrar) (b) J H Boll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1941 hour 6:30 A. M. minute M.

21. I hereby certify that I attended the deceased from Apr. 24, 1941, 19 to May 3, 1941, 19; that I last saw him alive on May 3, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Congenital malformation of Heart.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: none
Of operations

none
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? 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 P J Fleming (M. D. or other) D. O.

Address Weston Date signed 5/5/41

(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 5/4/41

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

working under my personal supervision.

Signed J H Bell

Licensed Embalmer No. 832

P. O. Address Weston 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, fact should be so stated above.