

FILED AUG 15 1941

Registration District No. **241**

Primary Registration District No. **5730**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Maries**  
(b) City or town **Summerfield, N. Selkirk**  
(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 **Mo** (b) County **Maries**  
(c) City or town **Summerfield, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **in Mo** years.

06303

3. (a) PRINT FULL NAME **Fatima Angeline Childers**

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 **Single (1)**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 5th, 1863**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	2	17	hr. _____ min.

9. Birthplace **Callaway County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **School teacher**

11. Industry or business \_\_\_\_\_

12. Name **Thornton Childers**

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

14. Maiden name **Rebecca Rhodes**

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

16. (a) Informant **Mrs. Strain**

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

17. (a) **6-24-41** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chamois, Mo.**

18. (a) Signature of funeral director **Morton Funeral Home**

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

19. (a) **July 10 - 1941 Mrs. Lena Rhodes**  
(Date received by registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**  
year **1941** hour **9** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb. 17,**  
**1941** to **June 22, 1941;**

that I last saw her alive on **6/19/41**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hepatitis** 2 yrs

Due to \_\_\_\_\_

Due to **13 1/2**

Other conditions **Myocardial Degeneration** 2 months  
(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?  
\_\_\_\_\_

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

23. Signature **R. H. Schenck**  
Address **Belle, Mo.** Date signed **6/24/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

006

**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.....

P. O. Address.....

**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.**