

FILLED NOV 19 1941 **3**

Registration District No. _____

Primary Registration District No. **545**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Osage**
(b) City or town **Summerfield, Mo.**
(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 **27 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Osage**
(c) City or town **Summerfield, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10-21-41** day **21**
year **1941** hour **7** minute _____ A.M.
21. I hereby certify that I attended the deceased from **2/17/40** to **10/21/41**, 19____;
that I last saw her alive on **10/20/41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **3 yrs.**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **432**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 **10/27/41**

3. (a) PRINT FULL NAME **Julia Childers**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **James Childers** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 9th, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	12	_____ hr. _____ min.

9. Birthplace **Luystown, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife.**

11. Industry or business _____

12. Name **Isadore Myboard**

13. Birthplace **France.** (State or foreign country)

14. Maiden name **Marie Dlys**

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

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

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

17. (a) **Burial** (b) Date thereof **10-23 -41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Knob.**

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

(b) Address **Box 144, Linn, Mo.**

19. (a) **Nov 10 1941** (b) **Mrs. Lenora Johnson**
(Date received local registrar) (Registrar's signature)

419 (Licensed Embalmer's Statement on Reverse Side)

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

0011

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 *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Linn*

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.