V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

86
1
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18789

State File No.

Registration District No. 778

Primary Registration District No. 6430

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville
(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 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jerusha Sexton Childers

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Joe Olier Childers

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

7. Birth date of deceased December (Month) 22 (Day) 1859 (Year)

8. AGE: Years 82 Months 4 Days 19 If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business House work

FATHER
12. Name Andrew McCune
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Ruth Sexton
15. Birthplace Unkown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Gerald Losey
(b) Address Davenport Iowa, RR. 4

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May (Month) 14 (Day) 1942 (Year)
(c) Place: burial ~~or cremation~~ Lemons Mo. Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville Mo By J.W. Comstock

19. (a) 5-28-42 (Date received local registrar) (b) C. C. Kelley (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1942 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 1940, to May 11 1942
that I last saw her alive on May 11 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio-Vascular Renal	10 yrs +
Due to Chronic Nephritis	10 yr +
Due to Chronic Myocarditis	10 yr +
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 P

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

23. Signature J. Neal Martin (M. D. or other)
Address Unionville Mo Date signed 3/13/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-42-1299
Date Filed JUN 15 1942

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 James W Ponstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.