

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

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14796

State File No.

Registrar's No.

LED APR 30 1943

Registration District No. 193

Primary Registration District No. 5708

1. PLACE OF DEATH: MCDona'd

(a) County MCDona'd

(b) City or town Rara' Buffa'ee TWP.

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital 50 hrs (Specify whether)

In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 60

(a) State Missouri (b) County MCDona'd

(c) City or town Rara'

(d) Street No. Goodman MO. R.F.D. # 1

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

If yes, name country /

3. (a) PRINT FULL NAME William Frank Childers

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Minnie Childers

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept, 21st, 1860

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>9</u>	hr. min.

9. Birthplace Oklahoma

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business /

MOTHER FATHER

12. Name Robert Childers

13. Birthplace TENN.

14. Maiden name Elizabeth Price

15. Birthplace TENN.

16. (a) Informant Minnie Childers

(b) Address Goodman MO. R.F.D. # 1

17. (a) Burial (b) Date thereof Apr 1-43

(c) Place: burial or cremation Price Cemetery

18. (a) Signature of funeral director Chas W. Williams

(b) Address Goodman, Mo

19. (a) 4-10-43 (b) Chas W. Williams

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 30th day

year 1943 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from July - 1940 to Mar 30 1943

that I last saw him alive on Sent Mar 3/28/43 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to Smiling - gangrene Rt foot.

Due to /

Other conditions 61

(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? /

(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. L. Lauer (M. D. or other)

Address Resho mo Date signed /

Duration Several years

PHYSICIAN /

Underline the cause to which death should be charged statistically.

464

RECEIVED

District Health Officer No. 6,

District File Number 443-512

Date Filed 4-29-43

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.