

D SEP 2 1943

Registration District No. 374

Primary Registration District No. 6276

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County. North
(b) City or town. Atholston, Ind. (Union)
(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)

3. FULL NAME John Calvin Childers

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lydia Weese 6. (c) Age of husband or wife if alive years 10 1865
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 12 hr. min.

9. Birthplace Jay County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name James H. Childers
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Vanghelk
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ray Childers

(b) Address Franklin City, Mo.

17. (a) Burial (b) Date thereof July 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director John Anderson

(b) Address Franklin City, Mo.

19. (a) Aug 6 - '43 (b) Arlene Stadden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Atholston, Ind. (Union)
(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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from July 20 to July 27, 1943
that I last saw him alive on July 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55e

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 2

23. Signature Deputy Reg. (M.D. or other) 2
Address Franklin City, Mo. Date signed 7-27-43

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

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.....

John Andrews Jr., 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.