

S. No. 2
 1-5-42
 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3169

State File No. _____
 Registrar's No. 24

Registration District No. 157 Primary Registration District No. 3028

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 519 E. 3rd. St. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 3 1/2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper 47
 (c) City or town Carthage
(If outside city or town limits, write "RURAL") 3
 (d) Street No. 519 E. 3rd. St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. - - - 0

3. (a) PRINT FULL NAME John Robison Childress
 3. (b) If veteran, name war. No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19
 year 1944 hour 9:45 pm minute M.
 21. I hereby certify that I attended the deceased from Oct 2
 1944, 19 to Jan 19 1944
 that I last saw him alive on Jan 10 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis
 Duration _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 10 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 9
 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Otis Cole
 (b) Address 311 River, Carthage, Mo.

17. (a) Burial (b) Date thereof Jan 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage, Missouri

19. (a) Jan 24 1944 (b) Elizabeth Couplon
Date received local registrar (Registrar's signature)

Due to Chronic Heart Valvular
 Due to _____
 Other conditions (include pregnancy within 3 months of death)
 Major findings: 9321
 Of operations _____
 Of autopsy _____
 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?
 While at work? _____
(Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. _____)
 Address [Address] Date signed Jan 24 1944

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

(Licensed Embalmer's Statement on Reverse Side)

1203

44-1-84

12-17-11

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..... *Emmett R. Noel*

Licensed Embalmer No. *391*

P. O. Address *Carthage, Miss.*

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.