

FILED JAN 29 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 6260

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Webster
(b) City or town E. Dallas Rural
(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 1
In this community 68 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Webster
(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Albert B. Childress

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Dacia Childress 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 19 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name John Childress

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

14. Maiden name MARtha RIPPey

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

16. (a) Informant Mrs. Dacia Childress
(b) Address Seymour, Mo.

17. (a) Rural (b) Date thereof Dec 5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem

18. (a) Signature of funeral director Wally - Fernal
(b) Address Seymour Mo.
19. (a) Dec 23-43 (b) Susie O. Buehler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1943 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from Nov 10 1943 to Dec 3 1943, that I last saw him alive on Dec 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Double Lobar pneumonia

Due to _____

Due to _____

Other conditions 108
(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? _____ (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 10

23. Signature A. Schwelt (M. D. or other) Doc

Address St. Louis Date signed 1943

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1200

RECEIVED

District Health Officer No. 8,

District File Number 144-51

Date Filed JAN 17 1944

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 H. H. Kellers

Licensed Embalmer No. 3334

P. O. Address Raymond 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.