S. No. 2-
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31261

FILED SEP 20 1945

Registration District No. 41 Primary Registration District No. 4433 Registrar's No. 54

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 years, months or days)
In this community: Lifetime

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)
If yes, name country:

3. (a) PRINT FULL NAME: Joseph Warren Childers
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: No
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Rebecca Angeline
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: October (Month) 6 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
79	9	25	hr. min.

9. Birthplace: Putnam Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired 18 years
MOTHER FATHER
12. Name: Richard Childers
13. Birthplace: Don't Know (City, town, or county) Indiana! (State or foreign country)
14. Maiden name: Elizabeth Black
15. Birthplace: Don't Know (City, town, or county) Indiana! (State or foreign country)
16. (a) Informant: Edgar Childers
(b) Address: Unionville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 3-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Lemon Cemetery
18. (a) Signature of funeral director: Comstock Funeral Home
(b) Address: Unionville, Mo. By John N. Comstock
19. (a) 8-3-45 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1945 hour 2 minute 45 A.M.
21. I hereby certify that I attended the deceased from Feb 3, 1945, to July 31, 1945, that I last saw him alive on July 31, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	10 hours
Due to: Hypertension	
Due to: Arteriosclerosis & Chronic glomerulonephritis	25 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 130	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Chas L. Judd (M. D. or other) D.O.
Address: Unionville, Mo Date signed 8-1-45

1099 (Licensed Embalmer's Statement on Reverse Side)

AUG 9 1948

RECEIVED
District Health Officer No. 10
District File Number 9-45-1385
Date Filed SEP 17 1945

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 John N Comstock

Licensed Embalmer No. 3891

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.