S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3965

Primary Registration District No. 1000

Registrar's No. 241

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph ~~XXXXXX~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether years, months or days)

In this community Most of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2102 So. 12th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME DORLAND M. CHILDERS

3. (b) If veteran, name war World War #2

3. (c) Social Security No. 497-14-4759

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased November (Month) 9, (Day) 1923 (Year)

8. AGE: Years 23- Months 3 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Rifle (City, town, or county) Colorado (State or foreign country)

10. Usual occupation Service Man

11. Industry or business Sears & Roebuck & Co.

FATHER
12. Name Moscow Childers
13. Birthplace DeBuque (City, town, or county) Colorado (State or foreign country)

MOTHER
14. Maiden name Anna Hontz
15. Birthplace Denver (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Everett Webb

(b) Address 2102 So. 12th St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director John E. Lupp

(b) Address 6054 Pryor Ave., City

19. (a) 2-21-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15, year 1947 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Viewed Feb. 15th, 1947, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received in an Auto Collision

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence Feb 15th, 1947

(c) Where did injury occur? Rural Buchanan County (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg St. Joseph, Mo. Date signed 9/18/47

382

(Licensed Embalmer's Statement on Reverse Side)

Coll. with other M. Vel.

MAR 6 1947

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~~ Roland D. Clark, Registered Apprentice No. 503, working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.