

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28609**
Registrar's No. **35**

Registration District No. **277** Primary Registration District No. **5948**

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

1. PLACE OF DEATH:
(a) County **PIKE**
(b) City or town **ASHLEY**
(c) Name of hospital or institution:
6 MI SOUTH OF BOWLING GREEN, MO
(d) Length of stay: In hospital or institution
In this community **3 YEARS**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **PIKE**
(c) City or town **ASHLEY**
(d) Street No. **6 MI SOUTH BOWLING GREEN, MO.**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Laura Anna Childs**
3. (b) If veteran, name war **—**
3. (c) Social Security No. **—**

4. Sex **F** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FRANK CHILDs**
6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **AUG 10 1872**

8. AGE: Years **75** Months **0** Days **17**
If less than one day hr. min.

9. Birthplace **MONT ROSE FOWA I**
10. Usual occupation **HOUSE WIFE**

11. Industry or business
12. Name **WILLIAM ELLIS**
13. Birthplace **FOWA I**
14. Maiden name **JULIE RAE**
15. Birthplace **FARRINGTON ILL. I**

16. (a) Informant **Miss Harry Williams**
(b) Address **Ashley, MO.**
17. (a) BURIAL **(b) Date thereof** **AUG 29-1947**

18. (a) Signature of funeral director **J. P. Mudd**
(b) Address **Bowling Green, MO.**
19. (a) 9-3-47 **(b) Bill Robinson**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **27** year **1947** hour **3** minute **0**
21. I hereby certify that I attended the deceased from **1945** to **8/27** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy**
Due to **Hypertension**
Due to **Peters Sclerosis**
Other conditions (Include pregnancy within 3 months of death)

Major findings: **G3A**
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **2**
(Specify type of place) (e) Means of injury
23. Signature **J. M. McArthur** (M. D. or other)
Address **Bowling Green, MO.** Date signed **8/29/47**

Duration **5 days**
yes
yes
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 9-47-122
Date Filed SEP 12 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.....

Ernest D. Wilson, Registered Apprentice No. *490*,
working under my personal supervision.

Signed *Jamer C. Mudd*
Licensed Embalmer No. *4152*
P. O. Address *Burling Green, 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.