No. 300
10-48

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

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5764

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 16

83
9

1. PLACE OF DEATH
a. COUNTY: PLATTE.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville Mo. PETTIS, RURAL.
c. LENGTH OF STAY (In this place): 78 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: PARKVILLE, MO.
b. COUNTY: PLATTE.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL. PETTIS.
d. STREET ADDRESS (If rural, give location): 2. MILES WEST OF PARKVILLE.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLEN,
c. (Last): CHILDS.

4. DATE OF DEATH (Month) (Day) (Year): FEB. 10. 1949.

5. SEX: FEMALE
6. COLOR OR RACE: WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.
8. DATE OF BIRTH: JAN. 25. 1872.
9. AGE (In years last birthday): 77. IF UNDER 1 YEAR: Months 0. Days 15. IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK.
10b. KIND OF BUSINESS OR INDUSTRY: HOME.
11. BIRTHPLACE (State or foreign country): PARKVILLE, MISOURI.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN WILLIAMS.
13b. MOTHER'S MAIDEN NAME: SARAH WILLIAMS.
14. NAME OF HUSBAND OR WIFE: WALTER A. CHILDS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT'S SIGNATURE OR NAME: WALTER A. CHILDS. ADDRESS: PARKVILLE, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Apoplexy (cerebral) — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. *, 19*45*, to* Feb. 10 *, 19*49*, that I last saw the deceased alive on* 2-10 *, 19*49*, and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. W. L. Brink (Degree or title): D.O.
23b. ADDRESS: 29th Flora K.C. Mo.
23c. DATE SIGNED: 2-10-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Feb. 12-49
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Crematory
24d. LOCATION (City, town, or county) (State): Kansas City MO

DATE REC'D BY LOCAL REG.: Feb 23-49
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H. Francis
ADDRESS: Parkville Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-3-49

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~~ .....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.