

DEC 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38094  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township New Primary Registration District No. 1002 Registered No. 4328  
 (c) City Kansas City (d) Street No. 2738 E. 36th Street St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town when death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME William Samuel Childress  
 (a) Residence, No. 2738 E. 36th St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laurella Childress

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
about 67 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wileox Oil Co.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Idaho, OK  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coles County, Illinois

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Laurella Childress  
2738 E. 36th

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas, Ill. DATE Nov. 6, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Newcomer  
Bush Creek & Cass

20. FILED Nov 6, 1938 M. M. Enove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938 to Nov 5, 1938  
 I last saw him alive on Nov 5, 1938 Death is said to have occurred on the date stated above, at 8:00 P. M.  
 The principal cause of death and related causes of importance were as follows:

Intestinal and Gastric Tuberculosis  
31  
 Date of onset ?  
several years  
?

Other contributory causes of importance: Malnutrition

Name of operation X Date of Nov 5, 1938  
 What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) W. W. Newcomer, M. D.  
 (Address) 78-19 Doyle Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Angela, the 4/10/06  
10 AM - 5

**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.....

*Lawrence Carr*

Licensed Embalmer No.....

*4031*

P. O. Address.....

**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, above space should be left blank.**