FILED APR 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12551

Registration District No. 792 Primary Registration District No. 4473 Registrar's No.

1. PLACE OF DEATH:
(a) County Saline County
(b) City or town Napton Mo & Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Arrow Rock Township
(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 About Eight Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline
(c) City or town Napton (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FERD. CHILDS 432
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1860. (Year)

8. AGE: Years 79 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Pleasant Green (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name George Childs
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Ruth Myles
(b) Address Napton Mo. R#1
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof 3-14-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton Mo.
18. (a) Signature of funeral director James E. Richards
(b) Address Napton Mo
19. (a) 3-16-1940 (Date received local registrar) (b) R. L. Lawless (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec 1939 to March 12 1940 that I last saw him alive on March 12 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Insufficiency	4 Months
Due to Arteriosclerosis	
Due to Nephritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No.	

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 R. L. Lawless (M. D. or other)
Address Mars Hall. Date signed 3-14-40

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—USE ONLY BLACK INK—MAKE A PERMANENT RECORD
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.

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RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, above space should be left blank.