No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16546

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4064

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
MISSOURI PACIFIC HOSPITAL ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether years, months or days)
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Atchison 999

(c) City or town Atchison N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 607 "U" Street.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest Alphonse Childs

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April (Month) 30, (Day) 1861 (Year)

8. AGE: Years 80 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Derbyshire England (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Caller Clerk, Mo. Pacific

FATHER
12. Name unknown
13. Birthplace unknown (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 Mrs John Magers
(b) Address 309 Kearney, Atchison, Kansas.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Alexander & Lora
(b) Address 6175 Delmar Blvd.

19. (a) MAY 14 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 20, 1941 to May 14, 1941 that I last saw him alive on May 14, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Terminal Pneumonia	
Due to Lymphatic Leukemia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other) M.D.
Address Mo Pac Hosp Date signed 5-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E McCullock

Licensed Embalmer No. 2460

P. O. Address 6 1/2 B Fremont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.