

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1021633
State File No. 33
Registrar's No. 376

Registration District No. 86

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R. R. #5
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none
In this community forty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #5
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Matilda Margaret Childs

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lester 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 13th, 1892
(Month) (Day) (Year)

8. AGE: Years 49 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Nebraska City, Nebr (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
home

11. Industry or business
12. Name Charles Kastner
13. Birthplace Prague Czecho Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name Princess Horenorsky
15. Birthplace Prague Czecho Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Kastner
(b) Address 2424 South 3rd

17. (a) Burial (b) Date thereof 4-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral
(b) Address 218 South 10th St

19. (a) 4-242 (b) Roe Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from on
April 4 1942 to 19;
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure
Duration 1 day

Due to Toxic Emitter
Myo Carditis
Duration 1 yr.
4 yr.

Other conditions 63 lb
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
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?

Home while at work? (Specify type of place) (e) Means of injury 3
23. Signature H. H. Mundy (M. D.)
Address 404 So 3rd Date signed 4/6/42

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

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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 myself
working under my personal supervision.

Registered Apprentice No. _____

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address 6054 Wagon, St. Joseph, 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.