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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1942

Registration District No. 1420

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30493

Primary Registration District No. 5572

Registrar's No. 100

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Prairie Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 yrs. 6 mo. 25 dys (Specify whether years, months or days)
In this community: 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Jackson County Home (If outside city or town limits, write "RURAL")
(d) Street No.: Little Blue Missouri (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Edwin R. 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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 6 (Day) 1885 (Year)

8. AGE: Years 57 Months 7 Days 4 If less than one day: hr. min.

9. Birthplace: Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation: Clerical
11. Industry or business: Book work
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant: Records, Jackson Co. Home
(b) Address: Little Blue, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lee's Summit Mo
18. (a) Signature of funeral director: W. B. Langford
(b) Address: Lee's Summit Mo
19. (a) Sept. 17, 1942 (Date received by local registrar) (b) F. W. Schick by Effie Schick Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1942 hour 10:00 minute A.M.
21. I hereby certify that I attended the deceased from 2/15 1939 to 9/10 1942 that I last saw him alive on 9/10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis — Duration:
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 13 F
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: J. W. Green (M. D. or other)
Address: Independence Date signed: 9/17/42

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 194

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.....N. B. Langford.....

Licensed Embalmer No.....3833.....

P. O. Address.....Lees Summit 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.