S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9212

State File No.

FILED APR 6 1942

Registration District No. 6 1942

Primary Registration District No. 1008

Registrar's No. 347

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 3319 Sacramento
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb 32

(c) City or town Stewartsville Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NEVADA Bell Wills

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife GeorgeA DeeEased

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

7. Birth date of deceased Oct (Month) 16 (Day) 76 (Year)

8. AGE: Years 68 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Clarksdale Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Joseph Childs
13. Birthplace not Known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy e Bales
15. Birthplace Excelsior Springs, Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Wills
(b) Address 1101 Encanada Ft Hatch

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Stewartsville Mo.

18. (a) Signature of funeral director F. G. Lyon
(b) Address Stewartsville Mo.

19. (a) 3-29-45 (Date received local registrar) (b) Helen I Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 27
year 1945 hour 9 minute 10 p. M.

21. I hereby certify that I attended the deceased from 3-20-45, 19 to 3/27/45, 19;
that I last saw her alive on 3/27/45, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	7 da.
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other conditions chronic myocarditis (Include pregnancy within 3 months of death)	6 mo

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 W. M. Loeschaber M.D. (M. D. or other)
Address Kirkpatrick Bldg Date signed 3/28/45

1377

(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.....F. G. Lyon.....

Licensed Embalmer No.....952.....

P. O. Address.....Stewartsville 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.