

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42219

State File No.

FILED DEC 29 1947

Registrar's No. 108

Registration District No. 173

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Billings R#1.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Evaline Childers

3. (b) If veteran, name war 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 John Childers 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased March 18, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 18 hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Willie Letz
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Nichols
(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Dec. 6, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) Dec. 6, 47 (b) Dr. M. G. Nutter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1947 hour 6 minute 5 A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1947 to Dec 6, 1947
that I last saw her alive on Dec 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral hemorrhage
Diabetes mellitus

Duration
3 weeks
10 yrs

Due to

Due to

Other conditions
(Include pregnancy within 5 months of death)

Major findings:
Of operations 0
Of autopsy 61

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? (c) Means of injury

23. Signature Charles A. Spore (M. D. or other) MD

Address Billings, Mo Date signed 12-6-47

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

RECEIVED

District Health Officer No. 6;

District File Number 1247-1329

Date Filed 12-24-47

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Blumer 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.