

No. 2  
1-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 9 1948

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44445  
Registrar's No. 1

Registration District No. \_\_\_\_\_

Primary Registration District No. 5-656

1. PLACE OF DEATH:

(a) County: Lawrence  
(b) City or town: Chesapeake  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home O'Back  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community: 3 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Wade, 29  
(c) City or town: Everton  
(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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year 1947 hour 8 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Dec 11  
1946 to Mar 19, 1947  
that I last saw him alive on Mar 18, 1947  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Ch. myocardi

Duration

Due to Ch. myocardi ?

Due to Uremia ?

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) no  
(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) (e) Means of injury 5

23. Signature: R. D. Brown (M. D. or other)  
Address: Quinn, Mo. Date signed: 3/21/48

3. (a) PRINT FULL NAME: Samuel F. Childers

3. (b) If veteran, name war: no 3. (c) Social Security No.: no

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Lucia Childers 6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: May 17 1887  
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 6  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: near Dallas Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation: Fish Culturist

11. Industry or business: \_\_\_\_\_

12. Name: James Milton Childers

13. Birthplace: Shelby Co Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name: Louisa Jones

15. Birthplace: Everton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elona Clayton

(b) Address: Lowland, Mo.

17. (a) Quinn (b) Date thereof: Mar-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brown Springs Care

18. (a) Signature of funeral director: H. D. Donett

(b) Address: Quinn, Mo.

19. (a) 4-1-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

PERMANENT RECORDS  
WRITE PLAINLY

RECEIVED

District Health Officer No. 6;

District File Number 248-213

Date Filed FEB 7 1948

JUN 10 1953

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.....

By me....., Registered Apprentice No.....  
working under my personal supervision.

Signed Max S. South.....

Licensed Embalmer No. 4252

P. O. Address M. Wernon, Me

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.