FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20359

Registration District No. 278 — Primary Registration District No. 3054 — Registrar's No. 66

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pike Co. Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State No (b) County Pike 82
(c) City or town Curryville 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Nelon Childs
3. (b) If veteran, name war X
3. (c) Social Security No. yes
4. Sex male
5. Color or race colored
6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced 3
6. (b) Name of husband or wife X
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased June (Month) 19 (Day) 1917 (Year)

8. AGE: Years 30 Months 11 Days 14 If less than one day ... hr. ... min.

9. Birthplace New Hartford Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John Childs
13. Birthplace Gamma Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bessie Idele Nalley
15. Birthplace Bowling Green Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Bessie J. Childs
(b) Address Curryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville Mo.
18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo
19. (a) 6-8-48 (Date received local registrar) (b) Bernice Collier (Registrar's signature) 374

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1948 hour ... minute ... M.
21. I hereby certify that I attended the deceased from ... 19..., to ... 19...; that I last saw h... alive on ... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death yum shot in skull — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homicide
(b) Date of occurrence May 29 1948
(c) Where did injury occur? Bowling Green Pike Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in the home (Specify type of place)
While at work? No (e) Means of injury yum shot
23. Signature S. A. Goodin Coroner (Of or other)
Address Louisiana Mo Date signed 6-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 6-48-1085
Date Filed JUN 22 1948

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 Harold C. Kirke Registered Apprentice No. 4 working under my personal supervision.

Signed Grace M. Bankhead

Licensed Embalmer No. 12 04

P. O. Address Bowling Green 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.