

No. 2  
1-5-43  
5-17-39  
I X 16679

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33425

State File No. \_\_\_\_\_

FILED NOV 10 1948

Registration District No. 175

Primary Registration District No. 3034

Registrar's No. 96

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

1. PLACE OF DEATH:

(a) County LAWRENCE COUNTY

(b) City or town LAURENCE CRANE # 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: AURORA HOSPITAL 0  
(If not in hospital or institution, write street number or location) 6 DAYS

(d) Length of stay: In hospital or institution LIFETIME (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME CHARLEY ISAAC CHILDERS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife POLLY 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased MAY 31 1880  
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

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

12. Name WILLIAM CHILDERS

13. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN TINSLEY

15. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS POLLY CHILDERS

(b) Address R 1 CRANE, MO.

17. (a) BURIAL (b) Date thereof NOV. 4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRADFIELD CEMETERY

18. (a) Signature of funeral director W. Burridge  
MAYTONVILLE, MO.

(b) Address \_\_\_\_\_

19. (a) Nov 4-48 (b) Dr. Mc Nat  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STONE 104

(c) City or town ROUTE 1 CRANE 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 7

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 2  
year 1948 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 15-1948  
19\_\_\_\_ to Nov 2 1948

that I last saw h. in alive on Nov 2 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration \_\_\_\_\_

Due to Hypertensive Cordes \_\_\_\_\_

Due to Cerebral Disease \_\_\_\_\_

Other conditions Recovery from Tuberculosis  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature W. Burridge (M. D. or other) M.D.  
Address 1805 Olive St Date signed Nov 15 1948

RECEIVED

District Health Officer No. 6;

District File Number 1148-1260

Date Filed 11-8-48

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.....

*William A. Fultes*

Registered Apprentice No. 29

working under my personal supervision

Signed..... *Herman Purridge*

Licensed Embalmer No. 3072

P. O. Address..... *Marionville*

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.