DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39348

Registration District No. 607 Primary Registration District No. 5806 Registrar's No. 56

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Portageville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify)
In this community (years, months or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MOLLIE MOYLAN
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 W-Married
6. (b) Name of husband or wife JOHN MOYLAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 14, 1870 (Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Wilcox County Alabama (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name R. C. Atkinson
13. Birthplace Georgia (City, town, or county) (State or foreign country)
14. Maiden name Amanda Morgan
15. Birthplace Alabama (City, town, or county) (State or foreign country)
16. (a) Informant John Atkinson
(b) Address Portageville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-40 (Month) (Day) (Year)
(c) Place: burial or cremation Atkinson Cemetery
18. (a) Signature of funeral director DeLisle Funeral Parlor
(b) Address Portageville Mo
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. Day Nov. 2, 1940
year hour 5 minute 7 M.
21. I hereby certify that I attended the deceased from Oct 1939, 19 to Nov. 9, 1940
that I last saw her alive on Nov. 9th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to Cerebral Hemorrhage
Due to
Other conditions (Include pregnancy within 3 months of death) None
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 [illegible] (M. D. or other)
Address Portageville Mo Date signed 11/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 1240-176
Date Filed 12/5/40

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39348

Registration District No. 607 Primary Registration District No. 3806 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mollie Morlan
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife John Morlan
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased 11 (Month) 14 (Day) 1870 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Ala (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name R. C. Atkerson
13. Birthplace (City, town, or county) Ga (State or foreign country)
MOTHER 14. Maiden name Amanda Morgan
15. Birthplace (City, town, or county) Ala (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director DeLisle Funeral Home
(b) Address Portageville Mo
19. (a) Dec. 2, 1940 (Date received local registrar) (b) Mary W. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 2 year 1940 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.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
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)
(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 H. T. O'Kelley (M. D. or other)
Address Portageville Date signed

SUPPLEMENTARY

S-39348 1942