No. 2
4-13-40
5-17-39
PI X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42766

FILED JAN 17 1941

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 287

18
5
4

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 321 So Osage (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Neither (Specify whether

In this community 20 years (years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (If outside city or town limits, write "RURAL")

(d) Street No. 321 So Osage (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Hattie Bell Atkinson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W Atkinson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 23 (Day) 1881 (Year)

8. AGE: Years 59 Months 4 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Cyrus T. Ward

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

MOTHER

14. Maiden name Katherine Valentine

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

16. (a) Informant John W Atkinson

(b) Address 321 So Osage

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

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Geo C Carson

(b) Address Independence, Mo.

19. (a) Nov. 20 40 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Aug 21, 1940, to Death, 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 Acute Cardiac Dilatation	30 min
Due to Mitral insufficiency & Decompensation	4 mo
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? 360 (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Allen (M. D. or other) MD

Address Independence MO Date signed 11-18-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Jackson County Health Dept.,
County File Number _____
Date Filed _____

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 L. Marion Weir

Licensed Embalmer No. 3156

P. O. Address Independence

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.