

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Howell  
(b) City or town West Plains, Mo.  
(c) Name of hospital or institution: Maple Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
In this community 5 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME LORETTA EILEEN ATHA  
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 Child

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 10, 1934  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>6</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Alliance, Neb.  
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business 1st year

12. Name Urie Clinton Atha  
13. Birthplace St. Joseph, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Lile  
15. Birthplace Springfield, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinton Atha  
(b) Address West Plains, Mo.

17. (a) Burial (b) Date thereof Mar. 5, 1941  
(Burial, cremation, or removal) Oak Lawn Cem. (Month) (Day) (Year)  
(c) Place: burial or cremation West Plains, Mo.

18. (a) Signature of funeral director Hal Flourburgh  
(b) Address West Plains, Mo.

19. (a) 3-5-41 (b) Vida W SIMONS  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Howell  
(c) City or town West Plains, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Maple Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 4  
year 1941 hour 11: minute 45 a. M.

21. I hereby certify that I attended the deceased from 3-3-1941, to 3-4-1941; that I last saw her alive on 3-4-1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary Edema

Due to measles 35 4 days

Due to Acute tonsillitis 35 4 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? at home

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature E. C. Bohren (M. D. or other) M.D.  
Address West Plains Mo. Date signed 3-10-41

Duration 6 hrs.  
4 days  
4 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 5,

District File Number 44/473

Date Filed \_\_\_\_\_

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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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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, above space should be left blank.