

No. 2
1-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13921

State File No. _____

Registration District No. 85

Primary Registration District No. _____

Registrar's No. 395

1. PLACE OF DEATH: Buchanan
 (a) County _____
 (b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo. M. S. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether)
 In this community same
years, months or days

3. (a) PRINT FULL NAME Betty Lou Atkins
 3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex F-3 5. Color white (a) Single, widowed, married, divorced single
 race can.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12-29-1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Union Star Mo RR. 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____
 12. Name Herbert T. Atkins
 13. Birthplace Union Star Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Prancy M. Atkins
 15. Birthplace Lavanda Mo
(City, town, or county) (State or foreign country)

16. (a) Informant H. T. Atkins
 (b) Address Union Star Mo RR. 0

17. (a) Buried (b) Date thereof 4-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Star Mo RR. 0

18. (a) Signature of funeral director R. B. Taggart
 (b) Address King City Mo

19. (a) 4/7/41 (b) H. T. Atkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Andrew-2
 (c) City or town Union Star Mo RR. 0
(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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 6
 year 1941 hour 9-55 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 6, 1941;
 that I last saw her alive on April 6, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to _____
 Due to _____

Other conditions Malnutrition 2 mos.
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none
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? 85 (Specify type of place) _____
 Means of injury _____

23. Signature M. Roger Moore (M. D. or other) M.D.
 Address St. Joseph Mo Date signed 4/7/41

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

(Licensed Embalmer's Statement on Reverse Side)

KIRKPATRICK BLDG.

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 *R. J. Taggart*

Licensed Embalmer No. *2563*

P. O. Address *King City 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.