

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26391

Registration District No. 258

Primary Registration District No. 4509

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

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

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Dexter  
(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  
In this community 40 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard  
(c) City or town Dexter  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1941 hour 7 minute 20 a.m.  
21. I hereby certify that I attended the deceased from May 1  
1941 to June 26 1941  
that I last saw him alive on June 25 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial regeneration  
Cardiac hypertrophy  
Due to acute cardiac  
dilatation  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death) gbc

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Olif Euing Atwood

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male ( ) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susan A. Atwood 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased June (Month) 7 (Day) 1869 (Year)

8. AGE: Years 72 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Francis Marion Atwood

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name Emily Willoughby

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Susan A. Atwood (b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/41 (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Blankenship-Strickland (b) Address Dexter, Mo.

19. (a) 5/22/1941 (Date received local registrar) (b) Jennid Burton (Registrar's signature)

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 George J. Schaefer (M.D. or other) P  
Address Dexter Mo Date signed 6/27/41

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

RECEIVED

District Health Office No.

District File Number 841-106

Date Filed 8-12-41

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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 \_\_\_\_\_

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.**