

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38707

DEC 16 1941 425

Primary Registration District No. 5239

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Verona General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beverley Etta Atkisson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 27 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. 30 min.

9. Birthplace Verona Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Flaval Atkisson
13. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy M Bigelow
15. Birthplace Aurora Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Flaval Atkisson
(b) Address R.F.D # 2 Aurora Mo.

17. (a) Burial (b) Date thereof 11/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clay Hill Cemetery

18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.

19. (a) 12-6-41 (b) A. J. Rudy
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 27
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9 P.M.
Nov. 27 1941 to Nov. 27 1941
that I last saw him or alive on Nov. 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation due to anterior placenta at Caesarian section from aspiration of blood and amniotic fluid
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. Avery Watson (M. D. or other) pro.
Address Verona, Missouri Date signed 12-27-41

RECEIVED

District Health Officer No. 6,

District File Number 1-241-1827

Date Filed DEC 12 1941

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 with the above constitutes grounds for revocation of license.)

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