

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 170

Primary Registration District No. 5629

530

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

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town RURAL NOBIA TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
PT. 3, LEBANON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community ALWAYS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(g) State MO (b) County LACLEDE 53  
(c) City or town RURAL 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. PT. 3, LEBANON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME HERBERT ATCHLEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race O W  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MAUD GOLLEY  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased FEB 27 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 2 19 hr. min.

9. Birthplace LACLEDE Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER

12. Name MILES B ATCHLEY  
13. Birthplace TENN!  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY ANN LAYMAN  
15. Birthplace TENN!  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herbert Atchley  
(b) Address Lebanon, Mo.

17. (a) BURIAL (b) Date thereof 5-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ATCHLEY CEM.

18. (a) Signature of funeral director PALMER'S  
(b) Address LEBANON Mo.

19. (a) 6-5-44 (b) Grace Popew  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18TH  
year 1944 hour 8 minute 40 AM.  
21. I hereby certify that I attended the deceased from 4-12- 1944, to 5-18- 1944.  
that I last saw him alive on 5-18- 1944.  
and that death occurred on the date and hour stated above.  
Immediate cause of death C.A. Liver

Due to \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature R. E. Hanel (M. D. or other) MD  
Address Lebanon, Date signed 5-20-44

1090

(Licensed Embalmer's Statement on Reverse Side)

Received

Laclede County Health Unit

File No. 5-44-69

Date Filed 6/21/44

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

working under my personal supervision. Registered Apprentice No.

Signed *Allyn Deckerage*

Licensed Embalmer No. 4333

P. O. Address *Libanon, 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.