S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1945

State File No. 41392

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 136

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 104 West 1st
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 41

(c) City or town Lee's Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 104 West 1st
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mollie H. Atkins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm J. Atkins

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug (Month) 16 (Day) 1860 (Year)

8. AGE: Years 85 Months 2 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Marion (City, town, or county) Ill (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Thomas S Baker
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Anna D. Hughes
15. Birthplace ..... (City, town, or county) Ky (State or foreign country)

16. (a) Informant Miss Annie Atkins

(b) Address Lee's Summit Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cem Holden

18. (a) Signature of funeral director N. B. Langsford Mo

(b) Address Lee's Summit Mo

19. (a) 10/21/45 (Date received local registrar) (b) Lora G. Burner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1945 hour 5 minute 30 a M.

21. I hereby certify that I attended the deceased from 6-6, 1938, to 10-20, 1945 that I last saw her alive on 10-19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	20 yrs
Hypertension	20 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) MD

Address Lee's Summit Mo Date signed 10-20-45

1607

(Licensed Embalmer's Statement on Reverse Side)

OCT 29 1952

FEB 29 1956

OCT 3 1959

MAR 4 1946

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: W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.