

S. No. 2
M-5-43
v. 5-17-39
X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF VITAL RECORDS
FILED JUL 22 1946
STANDARD CERTIFICATE OF DEATH

State File No. **22713**

Registration District No. **12** Primary Registration District No. **1000** Registrar's No. **795**

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **Mo. Methodist Hospital**
(d) Length of stay: In hospital or institution **1 day**
In this community **Life**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **2215 Jackson**
(e) Citizen of foreign country? **No**
If yes, name country.

3. (a) PRINT FULL NAME **Doris M. Atkins**
3. (b) If veteran, name war. **No** **3. (c) Social Security No.** **none**
4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Widowed**
6. (b) Name of husband or wife **Norval Z. Atkins** **6. (c) Age of husband or wife if alive** **26** years
7. Birth date of deceased **May 26 1920**
(Month) (Day) (Year)

8. AGE:
Years Months Days If less than one day
26 1 18 hr. min.

9. Birthplace **St. Joseph Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**
11. Industry or business **At Home**

12. Name **Vern F. Kenyon**
13. Birthplace **Persia Iowa**
14. Maiden name **Marie Bullmaster**
15. Birthplace **St. Joseph Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Vern F. Kenyon**
(b) Address **St. Joseph**

17. (a) Burial **July 16/46**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **St. Joseph Mo**
(b) Address **St. Joseph Mo**

19. (a) July 16, 1946 (b) **W. H. K. H.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **14** year **1946** hour **10** minute **04** A.M.
21. I hereby certify that I attended the deceased from **July 11**, 19**46** to **July 17**, 19**46**
that I last saw her alive on **July 17**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Peritonitis**
Due to **Tubal abscess unknown**

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: **179**
Of operations
Of autopsy **General Peritonitis Ruptured left Tube.**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury
23. Signature **J. R. Elliott** (M. D. or other) **SWO**
Address **2016 Francis St. Joseph** Date signed **7/17/46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

34 (Licensed Embalmer's Statement on Reverse Side)

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *519 S. 10th St. Joplin, 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.