

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 23 1946

Registration District No. _____ Primary Registration District No. 2000 Registrar's No. 818

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: Baptist Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Webster
(c) City or town Rural
(d) Street No. Five Miles Northwest of Fardland
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME K. Ray-Sue Aton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 9
year 1946 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from 10-8 to 10-9-46
that I last saw him alive on 10-9-46 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 5 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Sept (Month) 2 (Day) 1936 (Year)

Immediate cause of death: Sepsis Meningitis (Txix)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years 10 Months 1 Days 7 If less than one day hr. _____ min. _____
9. Birthplace Springfield (City, town, or county) Mo (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name Harry Aton
13. Birthplace Christiana (City, town, or county) Mo (State or foreign country)
14. Maiden name Olcie Green
15. Birthplace Webster (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. Cicie Aton
(b) Address Fardland, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fardland, Ceme
18. (a) Signature of funeral director Kelley-Ferrae
(b) Address Bergman, Fardland Mo
19. (a) 10-11-46 (Date received local registrar) (b) W. H. Handy (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 [Signature] (M. D. or other) _____
Address Springfield, Mo Date signed 10-12-46

Duration
5 days
2 hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

818

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

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Hardland 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.

+