

FILED MAR 22 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 9345

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Seneca</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Seneca</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hattie</b>		b. (Middle)		c. (Last) <b>Atkins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 12, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>1877 Nov. 10, 1871</b>		9. AGE (In years, months, days) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>George W. Box</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Neil</b>		14. NAME OF HUSBAND OR WIFE <b>Bert Atkins</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hazel Hansen Seneca, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocarditis</b>		8 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pre-Plaque of descending aorta</b>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>3/12/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>1531</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1947, to Mar 12, 1949, that I last saw the deceased alive on Mar. 10, 1949, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Tom B Roberts Sr. J. Seneca Mo.</b>		23b. ADDRESS <b>Seneca Mo.</b>		23c. DATE SIGNED <b>3/15/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seneca</b>	
24d. LOCATION (City, town, or county) (State) <b>Seneca Missouri</b>					

DATE REC'D BY LOCAL REG. <b>3-15-49</b>		REGISTRAR'S SIGNATURE <b>Phyllis Binte</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W E Beddlemore Seneca Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

73  
#0

RECEIVED  
District Health Officer  
District File Number 349-83  
Date Filed 3-21-49  
New York State

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed W E Biddlecome

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2174

P. O. Address Seneca NY

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.

Affidavits containing erasures will not be accepted, draw one line through error and write above it.

State of Missouri  
County of Newton } ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 9 345-49

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. Feb

On this 29 day of March, 1949, before me appears Mrs. W. E. Biddlecome, who, upon her oath, states that the original record of <sup>birth</sup> death for Hattie Atkins died March 12, 1949, in the State of Missouri, and which was filed at Seneca on March 15 1949, should be corrected as follows:

Item No. 8 should read Nov. 10, 1877

Instead of Nov. 10, 1871

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

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Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. W. E. Biddlecome None  
Relationship.

Seneca, Mo.  
Present Address.

Subscribed and sworn to before me this 29 day of March, 1949.

My Commission expires June 13, 1952 Venta Plummer Notary Public.

APR 1 1949