

No. 2
1-13-40
17-39
X23159

MAY 13 1941

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

13921

State File No. _____

Registration District No. 85

Primary Registration District No. _____

Registrar's No. 395

1. PLACE OF DEATH: Buchanan
(a) County Buchanan
(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mo. M. S. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether _____)
In this community Home
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Andrew-2
(c) City or town Union Star Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Becky Lou Atkins
3. (b) If veteran, name war _____ 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 - day 6
year 1941 hour 9-55 minute _____ P. M.

4. Sex M-3 5. Color or race White Can.
(a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased 12-29-1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 4, 1941, to April 6, 1941;
that I last saw her alive on April 6, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 3 7 _____ hr. _____ min.

Immediate cause of death Bronchopneumonia Duration 3 days

9. Birthplace Union Star Mo RR. 0
(City, town, or county) (State or foreign country)
10. Usual occupation None

Due to _____
Due to _____

11. Industry or business _____
12. Name Herbert Atkins
13. Birthplace Union Star Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Atkins
15. Birthplace Lavanda Mo
(City, town, or county) (State or foreign country)

Other conditions Malnutrition 2 mos.
(Include pregnancy within 3 months of death)

16. (a) Informant H. S. Atkins
(b) Address Union Star Mo RR. 0
17. (a) Buried (b) Date thereof 4-7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation Union Star Mo
18. (a) Signature of funeral director R. S. Taggart
(b) Address King City Mo
19. (a) 4/7/41 (b) H. S. Taggart
(Date received local registrar) (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? _____

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

MOTHER FATHER

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 R. J. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.