

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2039
Do not use this space.

FILED 21 1939
PLACE OF DEATH

(a) County Clinton Registration District No. 205
 (b) Township Atchison Primary Registration District No. 5283 Atchison registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____
2. PRINT FULL NAME Serena Emma Atchison
 (a) Residence, No. Gower mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 4 25-
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton County Missouri
 FATHER 13. NAME William Wyatt Bland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Anna Eliza Payne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Mrs Mollie Wright Gower mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cem DATE Feb 11 1939
 19. FUNERAL DIRECTOR (ADDRESS) H. A. Sullins Gower mo
 20. FILED Feb. 10 1939 Mrs. J. C. Starbuck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 9 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from 27 years or more, 19____, to 2 - 9 - 1939, 19____. I last saw her alive on Feb. 9, 1939. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
myocarditis at heart 64 yrs. age
 Date of onset _____
 Other contributory causes of importance: acute knee bladder infections 1939
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____. Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) J. E. Starbuck, M. D. (Address) Green Lawn Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, H. A. Sullivan, Licensed Embalmer No. 1738

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H. A. Sullivan

Licensed Embalmer No.

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.)