

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

40267

Do not use this space.

1. PLACE OF DEATH

(a) County Miller
 (b) Township Richwood
 (c) City L

Registration District No. 562
 Primary Registration District No. 5757

Registered No. _____

(d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred X yrs. X mos. X ds. (f) How long in U.S., if of foreign birth? X yrs. X mos. X ds.

2. PRINT FULL NAME X

(a) Residence, No. _____ St. Atwill
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1939</u>		
7. AGE YEARS <u>✓</u> MONTHS <u>L</u> DAYS <u>L</u>	If LESS than 1 day, <u>✓</u> hrs. <u>✓</u> min.	
OCCUPATION		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>L</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>L</u>		
10. Date deceased last worked at this occupation (month and year) <u>L</u>		
11. Total time (years) spent in this occupation <u>L</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Missouri</u>		
FATHER	13. NAME <u>Roy Atwill</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mae Templeton</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>X</u>	
17. INFORMANT (ADDRESS) <u>Andrew Wilson</u> <u>Dixon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Older Mt. Zion Co.</u> DATE <u>June 18, 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Adam Pharesman</u> <u>Hancock and</u>		
20. FILED <u>Dec 7</u> 1939 <u>Mr. W. A. Van Dine</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939 to June 18, 1939
 I last saw him alive on X, 19X. Death is said to have occurred on the date stated above, at 1:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Still birth due to
prolapse of umbilical
Cord.
 Date of onset 6/18/39

Other contributory causes of importance:
Breech presentation
large child

Name of operation Breech Extraction of 6/18/39
 What test confirmed diagnosis? L Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following.
 Accident, suicide, or homicide? X Date of injury X, 19X
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify X
 (Signed) Ronley Latimer
 (Address) Brimmton, Mo.

RECEIVED

Miller County Health Dept.

Cremery File Number 39-131

Date 12-11-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

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.)