

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.

## DEPARTMENT OF COMMERCE

BUREAU OF THE VITAL STATISTICS

## MISSOURI STATE BOARD OF HEALTH

## STANDARD CERTIFICATE OF DEATH

State File No. 7405Registrar's No. 10Registration District No. 5-61Primary Registration District No. 5-755-1

## 1. PLACE OF DEATH:

- (a) County Miller Saline  
 (b) City or town Olean  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days)

In this community

3. (a) PRINT FULL NAME John Atkin 375

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Feb 17 1940  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
0 0 0 5 hr. \_\_\_\_\_ min.

9. Birthplace Olean \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name John Atkin  
 18. Birthplace Olean \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Mayme Scott  
 15. Birthplace Olean Co \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John H. Atkin  
 (b) Address Olean Mo

17. (a) Burial (b) Date thereof Feb 18 '40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olean

18. (a) Signature of funeral director Walter H. Hays  
 (b) Address Olean Mo

19. (a) Feb 18-1940 Belle Hays  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")

(d) Street No. 2 \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
 year 1940 hour 10:30 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2/17, 1940, to 2/17, 1940;  
 that I last saw him alive on 2/17, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital malformation of heart Duration 5 hrs  
 Due to \_\_\_\_\_

Due to 157C  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 G. D. Walker (M. D. or other) 1  
 Address Eldon Mo Date signed 2/17/40

RECEIVED

Miller County Health Dept.

County File Number 40-22

Date Filed 3-11-40

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.

*Not Embalmed*

Signed *Keith M. Fager*

Licensed Embalmer No. 3998

P. O. Address *Eldon 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, above space should be left blank.