. S. No. 2
—11-10-39
v. 5-17-39
I X21492

4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11869

Registration District No. FILED APR 23 1940 618

Primary Registration District No. 4369

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Burlington Jct. Mo
(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
In this community 64 yrs
years, months or days) 220

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Burlington Jct.
(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.? ____ years.

3. (a) PRINT FULL NAME Alice E. McAtee

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Eli 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov (Month) 4 (Day), 1871 (Year)

8. AGE: Years 68 Months 4 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace Nodaway Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Jefferson Tibbet
13. Birthplace Unknown (City, town, or county) Maine (State or foreign country)

MOTHER
14. Maiden name Elmira E Smith
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eli McAtee
(b) Address Burlington Jct. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Possumwalk

18. (a) Signature of funeral director Robert L. Yaple
(b) Address Burlington Jct. Mo

19. (a) 3-11-40 (Date received local registrar) (b) J. R. Hamm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1940 to March 7th, 1940 that I last saw her alive on March 7th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	2
Chr. Nephritis	2
~~Due to~~ Cerebral apoplexy	2
Non-case other	
~~Due to~~ Hemiplegia	18 yrs

Other conditions (Include pregnancy within 3 months of death) 121

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? 5 40 (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature B. F. Dyland (M. D. or other) 1940
Address Burlington Jct. Mo Date signed 3/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 440-511
Date Filed APR 1 1 1941

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 Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address Burlington Jct 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.