DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH ✓

State File No. 15868

Registration District No. 135 — Primary Registration District No. 3034 — Registrar's No. 81

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Woodland Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph

(c) City or town Higbee RFD (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 OLAN ATKINS 325

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 Single

6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Nov (Month) 27 (Day) 1919 (Year)

8. AGE: Years 20 | Months 4 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Howard County (City, town, or county) Mo (State or foreign country) O

10. Usual occupation Farmer O

11. Industry or business ____

FATHER
12. Name Andrew J Atkins O
13. Birthplace Howard (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nellie Kern
15. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Andrew J. Atkins
(b) Address Higbee Mo RFD

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof 3 29 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Myers Chapel

18. (a) Signature of funeral director C E Eckard
(b) Address Higbee Mo

19. (a) 4/4/40 (Date received local registrar) (b) Traffy Butler Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1940 hour 9:15 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Mch. 24 1940, 19__, to Mch. 27, 19 40; that I last saw him alive on Mch. 27, 19 40 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Accidently injured in automobile collision causing compound fracture of skull	March 27 1940
Due to: and brain laceration	
Due to:	
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) accident
(b) Date of occurrence March 23, 1940
(c) Where did injury occur? Near Higbee, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)
While at work? No (e) Means of injury auto accident

23. Signature R. D. Streeter (M. D. or other) M.D.
Address Moberly, Mo Date signed Apl. 4, 1940

(Licensed Embalmer's Statement on Reverse Side)

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

21022
72

RECEIVED
District Health Officer No. 10
District File Number 5-40-1067
Date Filed MAY 15 1940

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 C. L. Feland

Licensed Embalmer No. 1399

P. O. Address Higbee 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.

o. 2B
21-40
X22659

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. 15-867

Registration District No. 735 Primary Registration District No. 3024 Registrar's No.

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Olan Atkins
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days - If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death accidentally killed in auto accident	
Due to Collision causing compound fracture of skull	
Due to and brain laceration	
Other conditions (Include pregnancy within 3 months of death) Collision with other motor vehicle	

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

23. Signature R. D. Streeter (M. D. or other)
Address Moberly Date signed

SUPPLEMENTARY

Send to Dr. Streeter Mo