

FILED JUN 22 1940

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

19676
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 805
(b) Township Glennwood Primary Registration District No. 4482
(c) City Glennwood (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 325 Rebecca Jane Atchinson St. Glennwood
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. D. Atchinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1869
7. AGE YEARS 70 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
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) Moberly Mo

13. NAME Warren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Watt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Nathan Lamb
Glennwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glennwood DATE May 15, 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Moreheads
Lancaster Mo

20. FILED 5-15 19 40 By Byrd J. Drake
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1940, to May 6, 1940

I last saw him alive on April 21, 1940 Death is said

to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

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? no

If so, specify _____

(Signed) P. E. Vaughn M. D.

(Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10

District File Number 6-40-230

Date Filed JUN 12 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, ...

True: Missie Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster 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.