

Registration District No. **119**

Primary Registration District No. **5018**

Registrar's No. **14**

**1940 OCT 23 1940**

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

1. PLACE OF DEATH

(a) County Andrew, Mo.  
(b) City or town Union Star Mo. RR.  
(c) Name of hospital or institution Union Star Mo. RR.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days) all of life

3. (a) PRINT FULL NAME Roy DeAtley

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 Married

(b) Name of husband or wife Linda DeAtley 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Sept 2 - 1881  
(Month) (Day) (Year)

8. AGE: Years 59 Months - Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name R. DeAtley

13. Birthplace Marion Mo. (City, town, or county) (State or foreign country)

14. Maiden name White

15. Birthplace Marion Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Linda DeAtley

(b) Address Union Star Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-40 (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. A. Gagnon

(b) Address King City Mo.

19. (a) Oct 1 - 1940 (Date received local registrar) (b) Mrs E C Jeffries (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew  
(c) City or town Union Star Mo. RR.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29 year 1940 hour 6 minute 6 A.M.

21. I hereby certify that I attended the deceased from 9-1 1940 to 9-29 1940 that I last saw him alive on 9-28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Pancreas Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 46

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy NO

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? \_\_\_\_\_

3 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E M Reynolds (M. D. or other) 1  
Address Union Star Mo Date signed 10-1-40

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**