FILED OCT 12 1940

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

31703
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton
(b) Township Grand
(c) City Prairie Hill
(d) Street No. 4102 St.
(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.

Registration District No. 17B
Primary Registration District No. 5240
Registered No. 109/40

2. PRINT FULL NAME BETTIE ATHERTON.
(a) Residence, No. Prairie Hill, Mo St.
(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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Atherton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): No Record

7. AGE: Years: about 84 yr; Months: ; Days: ; If LESS than 1 day, hrs. or min.

OCCUPATION
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) Randolph Co Mo

FATHER
13. NAME Riley Rogers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Catherine Tiller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs L. H. Gray
(ADDRESS) Prairie Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Prairie Hill DATE Sept 9 1940

19. FUNERAL DIRECTOR Tom B. Carlton
(ADDRESS) Huntsville Mo

20. FILED October 9 1940 J. P. McAdam
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8 1940

22. I HEREBY CERTIFY, That I attended deceased from December 1936, to Sept 8 1940
I last saw her alive on March 9 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy - suddenly	
Viewed Corpse Sept 8 1940	
5 P.M.	

Other contributory causes of importance:
Invalid from December 1936 at which time fractured Hip.

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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) J. P. McAdam, M. D.
(Address) Prairie Hill

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
Office No. 8
Date filed 10-13-40

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

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.)