

Registration District No. 621

Primary Registration District No. 5823

Registrar's No. _____

FILED NOV 25 1940
621

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Rural, Lincoln Twp
(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 20
In this community Four years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Elmo, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Maude Lenora Athon

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 Geo Athon 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb II 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

MOTHER FATHER

12. Name George Clark

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

14. Maiden name Christine Stevens
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant George Athon
(b) Address Elmo, Missouri

17. (a) Burial (b) Date thereof Oct. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Grove Cemetery

18. (a) Signature of funeral director James T. ...
(b) Address Westboro, Missouri

19. (a) Oct 29 (b) Charles O. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1940 hour 5 pm minute _____ M.

21. I hereby certify that I attended the deceased from Oct 24
1940 to Oct 25 1940
that I last saw her alive on Oct 25 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
Due to _____
Due to J2W
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) _____
(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? _____

23. Signature James E. ... (Specify type of place) 552
Address Elmo Mo (e) Means of injury 3
Date signed Oct 27

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No..... **2824**

P. O. Address **Westboro, 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.