

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

NOV 25 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36538

Registration District No. 954 Primary Registration District No. 6080 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County Shannon Co.
(b) City or town Rural
(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 2
(Specify whether
In this community 12
years, months or days)

3. (a) PRINT FULL NAME Eunice Atchinson
3. (b) If veteran, name war NO 3. (c) Social Security No. NO
4. Sex F 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 2 16 1928
(Month) (Day) (Year)

8. AGE: Years 12 Months 7 Days 27 If less than one day
hr. _____ min. _____

9. Birthplace Shannon Co. _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Eunice Atchinson
13. Birthplace Shannon Co. _____
(City, town, or county) (State or foreign country)
14. Maiden name Frances Stewart
15. Birthplace Shannon Co. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Atchinson
(b) Address Shannon Co.

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

(c) Place: burial or cremation Round Springs

18. (a) Signature of funeral director Robert Shannon

(b) Address Salem, Mo.

19. (a) 10-14-46 (b) Frank Hyde MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Shannon
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 13 day Oct
year 1940 hour _____ minute 7A M.
21. I hereby certify that I attended the deceased from July 10
1940 to Oct 13 1940
that I last saw him alive on Oct 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Suppurative Pericarditis
Duration _____

Due to _____

Due to Pertussis 1937

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy NO
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? _____

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

23. Signature W. L. Dillow (M. D. or other) _____

Address Salem, Mo. Date signed Oct 14, 40

RECEIVED

District Health Officer No. 5,

District File Number 11901144

Date Filed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____, Registered Apprentice No. _____
H. D. Hobson,
working under my personal supervision.

Signed

Licensed Embalmer No. 928

P. O. Address Salmon, Me

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.