

S. No. 2
4-13-40
5-17-39
K23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3020

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City, Missouri
(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
In this community 44 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 18 S. Ball Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

49
6
2
0

3. (a) PRINT FULL NAME Bertha Jasmine Atkerson

3. (b) If veteran, name was
3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, 1868 years

7. Birth date of deceased July 3, 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Mt. Vernon, New York (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Edwin Hasfield

13. Birthplace No Data England (City, town, or county) (State or foreign country)

14. Maiden name No Data

15. Birthplace No Data England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Roberts (Daughter)

(b) Address Wichita, Kansas

17. (a) Burial (b) Date thereof 1/22/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City, Cemetery

18. (a) Signature of funeral director Hedge - Nelson

(b) Address Webb City, Mo.

19. (a) JAN 21 41 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day January year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1940 to Jan 19, 1941; that I last saw her alive on Jan 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to

Due to

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

Major findings: Of operations

Of autopsy

Duration

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?

While at work? (Specify type of place) Means of injury

23. Signature W. W. Day (M. D. or other) D.O.

Address Webb City, Mo. Date signed 1-21-41

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

9
26
22

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.....

E. M. Hedge....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *2859*

P. O. Address *West Plains*

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.