

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3531 / 10
State File No. _____
Registrar's No. 47

Registration District No. 55 Primary Registration District No. 4132

1. PLACE OF DEATH

(a) County New Madrid
(b) City or town Sideon, Mo.
(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 _____ (Specify whether)
In this community 33 yrs. years, months or days

3. (a) PRINT FULL NAME

Sarah A. Atchley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Atchley

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb, 12, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace 2efinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adeline Weckert

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

14. Maiden name Unknown

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

16. (a) Informant W. M. Atchley

(b) Address Sideon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13, 40
(Month) (Day) (Year)

(c) Place: burial or cremation Clarkton, Mo.

18. (a) Signature of funeral director Adeline E. Ellis

(b) Address Sideon, Mo.

19. (a) Dec 16-40 (Date received local registrar) (b) Elizabeth M. M. M. A. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
(c) City or town Sideon, Mo.
(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 Oct day 2
year 1940 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from 9-15-40
_____, 19____, to 10-1-40, 19____
that I last saw him alive on 10-1-40
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure
Due to hypertension heart disease

Due to _____
Other conditions hemiplegia NMD
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____
23. Signature J. J. Hopkins (M. D. or other) MD
Address Sideon, Mo. Date signed 12-16-40

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

RECEIVED

District Health Officer No. 2

District File Number 241-271

Date Filed 2/19/41

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

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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, fact should be so stated above.