

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 17 1941

Registration District No. 253

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5864

State File No. _____

Registrar's No. 4

3709+

1. PLACE OF DEATH:

- (a) County Permea
(b) City or town Nash, 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 _____ (Specify whether
years, months or days)

8. (a) PRINT FULL NAME Uster Atkins

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife Estell Atkins 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Oct. 31 1916 (Month) (Day) (Year)

8. AGE: Years 24 Months 2 Days 8 If less than one day
hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business Trucking

12. Name Deceased & unknown

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

14. Maiden name Edna Wilson

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

16. (a) Informant's own signature Estell Atkins

- (b) Address Blythville Ark

17. (a) B Removal (b) Date thereof 1-8-41 (Month) (Day) (Year)

- (c) Place: burial or cremation Blythville Ark

18. (a) Signature of funeral director Edna Wilson

- (b) Address Blythville Ark

19. (a) 1/8/41 (b) Paul Kelley (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ark. (b) County Miss
(c) City or town Blythville (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. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 4:30 minutes 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

- Immediate cause of death Truck Accident Duration
Complete Body Crushed

- Due to Running off of the road into a ditch

- Due to _____

- 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) Accident

- (b) Date of occurrence 1-8-41

- (c) Where did injury occur? Hayti-Central-Permea MO (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway

- While at work _____ (Specify type of place)

- (e) Means of injury Truck

23. Signature Guaranteed (M.D. or other)

- Address Hayti-MO Date signed 1-8-41

2-41-22

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.