

LED MAR 14 1946

Registration District No. 24

Primary Registration District No. 4081

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Archie
(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 55 yr.
years, months or days

8. (a) PRINT FULL NAME Mary Atchison

8. (b) If veteran, name war _____ 8. (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 _____ years
7. Birth date of deceased 11 - 28 - 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 15 hr. _____ min.

9. Birthplace Petersburg I Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Silas Bell
13. Birthplace Kentucky I
(City, town, or county) (State or foreign country)
14. Maiden name Caroline M. Talley
15. Birthplace Kentucky I
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Atchison

(b) Address Archie, Mo.

17. (a) Burial (b) Date thereof 2 - 15 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Archie, Mo.

19. (a) 2-15-41 (b) Mrs. Dora Culan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass 19
(c) City or town Archie 0
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1941 hour 5 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 6 - 1941
7:00 12:45 1941 to _____, 19____;
that I last saw her alive on Feb 12:45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature B.B. Lout (M. D. or other) A

Address Archie Mo. Date signed _____

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.