

ED MAR 19 1941

Registration District No. 35 Primary Registration District No. 3034

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Proberly
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Proberly (If outside city or town limits, write "RURAL")
(d) Street No. 327 Winchester (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LIZZIE ATTERBER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 27 year 1941 hour 12 minute 30 P. M.

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from I saw her only once on Jan 27, 1941 and not anywhere else after death. that I last saw her alive on Jan - 27 - 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 3 (Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 1 If less than one day hr. _____ min. _____

Immediate cause of death I was unable to make a diagnosis. From history of previous examination by other physicians due to it is possible that she had a metastatic cancer.
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Randolph Co N. C. (City, town, or county) (State or foreign country)
10. Usual occupation House keeping
11. Industry or business _____
12. Name Hiram Briggs
13. Birthplace Don't know (City, town, or county) (State or foreign country)
14. Maiden name Cliffie Potts
15. Birthplace Don't know (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs Annie Young
(b) Address Proberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oakland Cemetery
18. (a) Signature of funeral director Tom B Patton
(b) Address Hunterton Mo
19. (a) Table 41 (Date received local registrar) (b) Seal Williams (Registrar's signature)

23. Signature E. H. Shrader (M. D. or other) _____
Address Proberly, Mo. Date signed 2-27-41

RECEIVED

District Health Officer No. 10

District File Number 3-41-576

Date Filed MAR 10 1941

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7935

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 735

Primary Registration District No. 3034

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(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.....
years, months or days)

3. (a) PRINT FULL NAME Lizzie Atterberg

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

4. Sex F 5. Color or race Wego 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased. Aug 31 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Unlabeled hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) Feb 6 - 41 (b) Frank Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(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 Feb day 4
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

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?.....

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

23. Signature E. W. Shrader (M. D. or other)

Address Moberly Mo Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

