

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8409

Registration District No. 85/2

Primary Registration District No. 4121

Registrar's No.

1. PLACE OF DEATH:

- (a) County Sullivan
(b) City or town near Browning
(c) Name of hospital or institution: no
(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

Steven Gentry Atkins

3. (b) If veteran,
name war

no

3. (c) Social Security
No. no

4. Sex

Male

5. Color or
race White

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

6. (b) Name of husband or wife Laura Atkins

6. (c) Age of husband or wife if
alive 79 years

7. Birth date of deceased

July
(Month)

20 1852
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

88

7

7

hr.

min.

9. Birthplace

Brownwood
(City, town, or county)

1 Va.
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

James Atkins

13. Birthplace

1 Va.
(City, town, or county)

1 Va.
(State or foreign country)

14. Maiden name

Abigail Vaughan

15. Birthplace

1 Va.
(City, town, or county)

1 Va.
(State or foreign country)

16. (a) Informant

Hubert Atkins

(b) Address

Browning Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

2-28-1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Shrock Cemetery

18. (a) Signature of funeral director

A. J. River

(b) Address

Browning Mo.

19. (a)

Mar 28
(Date received local registrar)

(b)

Chas. Hagan
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Sullivan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(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 27 th
year 1941 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from
Feb 21 1941 to Feb 27 1941
that I last saw him alive on Feb 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis
Decompensation

Duration

1938

Due to

Due to

Other conditions

Senile dementia

1937

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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. R. M. Carter (M. D. or other)
Address Browning Mo. Date signed Feb 24

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-581

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

A. J. Pivin

Registered Apprentice No.

working under my personal supervision.

Signed

A. J. Pivin

Licensed Embalmer No. 1407

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, fact should be so stated above.