

FILED MAY 15 1949

STANDARD CERTIFICATE OF DEATH

14709

State File No.

Registration District No. 395

Primary Registration District No. 5523

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Oregon, Mo. (Madawaska Rural)
(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
In this community 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt
(c) City or town Oregon Rural
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME MRS MARY ETTA ATKINS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Mart Atkins 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased. Jan - 6 - 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days If less than one day hr. min.

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

10. Usual occupation at Home

11. Industry or business

12. Name Geo. Proffitt
13. Birthplace unknown unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Derr
15. Birthplace unknown Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mart Atkins (b) Address Oregon Mo

17. (a) Fullmore (b) Date thereof Apr. 15 - 41 (Burial, cremation, or conserved) (Month) (Day) (Year)

(c) Place: burial or cremation Fullmore Mo

18. (a) Signature of funeral director J. Fred Curbass

(b) Address Savoy Mo

19. (a) April 14 1941 Edith A. Smith (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1941 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from March 27, 1941, to April 12th, 1941, and saw her alive on April 12, 1941, at that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none

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?

336 no injury (Specify type of place) While at work? (e) Means of injury

28. Signature E. F. Murray (M. D. or other) Address W. S. Ryan Date signed 4/14/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

400

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

J. Fred Terhune

Licensed Embalmer No. *1299*

P. O. Address

Savannah

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.