

JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18847

State File No.

Registration District No. 526

Primary Registration District No. 4712

Registrar's No.

1. PLACE OF DEATH:

- (a) County Macou
(b) City or town Atlanta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lyda
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all her life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Martha Atteberry

3. (b) If veteran, name war widow B 3. (c) Social Security Dead war veteran
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife David Atteberry 6. (c) Age of husband or wife if alive Dead years 18.53
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 88 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation House Wife & Kuf

11. Industry or business

12. Name John W. Burch
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Lucinda Burch
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant From family Record
(b) Address

17. (a) Burial (b) Date thereof June 2 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Tabor

18. (a) Signature of funeral director Hammond
(b) Address Atlanta Mo

19. (a) June 5-1941 (b) Arch McNeely (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Macou
(c) City or town Atlanta (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 1 1941 to May 30 1941
that I last saw him alive on May 30 1941
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Arterio - Sclerosis Duration 1 year

Due to Gen. Arterio - Sclerosis 10 yrs

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

23. Signature J. F. Turner (M. D. or other)
Address Macou, Mo Date signed 6/1/41

RECEIVED

District Health Officer No. 10

District File Number *p-41-1114*

Date Filed *JUN 13* 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.....

H M Goodding, Registered Apprentice No.
working under my personal supervision.

Signed *H M Goodding*

Licensed Embalmer No. *1750*

P. O. Address *Atlanta*

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.